Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Fo	r ca	alendar year 2012 or tax year beginning	, an	d ending		
Na	me d	of foundation			A Employer identification nu	mber
TH	EΡ	PAUL W LINGLE FAMILY FOUNDATION			26-2062	143
		er and street (or PO. box number if mail is not delivered to street addre	ss)	Room/suite	B Telephone number (see insti	
80	1 N	ORTH A STREET			765-962-	1489
		town, state, and ZIP code	· · · ·	<u> </u>	C If exemption application is pe	
	-		N 4	17374	C il exempuon application is pe	ending, check here
_			return of a former pu		D 4 Carrier arranizations at	ali basa
G	CII		•	ione chanty	D 1. Foreign organizations, che	eck nere . P
			nded return		2. Foreign organizations med	-
			e change		check here and attach con	nputation .
Н		eck type of organization. X Section 501(c)(3) exem	• •		E If private foundation status w	
L	Se	ection 4947(a)(1) nonexempt charitable trust O	ther taxable private fo	oundation	under section 507(b)(1)(A), c	heck here .
T	Fai	ir market value of all assets at end J Accounting m		X Accrual	F If the foundation is in a 60-mi	onth termination
		year (from Part II, col (c),			under section 507(b)(1)(B), c	heck here
-		e 16) ▶ \$ 67,072 (Part I, column (d) must be on cash basi	s.)		
Pa	rt I		(a) Revenue and	(h) Not invoctor	ont (a) Adjusted not	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investme income	ent (c) Adjusted net income	purposes
		the amounts in column (a) (see instructions))	books			(cash basis only)
2013	1	Contributions, gifts, grants, etc , received (attach schedule)	65,406			, , -
\approx	2	Check If the foundation is not required to attach Sch B				,
4	3	Interest on savings and temporary cash investments				,
0	4	Dividends and interest from securities	RECEIVER	7(2)	103 103	·
8	5	a Gross rents	KLO	180		
₹		b Net rental income or (loss)	Eine	131	'	`
Œ	6	a Net gain or (loss) from sale of assets not on line 10 🙊	MAR 29-247	12		
<u>ΓΙΘ</u>		b Gross sales price for all assets on line 6a 26,812	\	- \		, ,
49	7	Capital gain net income (from Part IV, line 2)	LODEN. Y			
SCARRIVERLAPR	8	Net short-term capital gain	OGDEN.			,
Ä	9	Income modifications				,
U3	10	a Gross sales less returns and allowances			, ,	
	l	b Less. Cost of goods sold				
	r	c Gross profit or (loss) (attach schedule)				1 /2
	11	Other income (attach schedule)				1
	12	Total. Add lines 1 through 11	65,262		103 103	
S	13	Compensation of officers, directors, trustees, etc				
enses	14	Other employee salaries and wages				
ē	15	Pension plans, employee benefits				
х	16	a Legal fees (attach schedule)				
Ü		b Accounting fees (attach schedule)	785			785
Operating and Administrative		c Other professional fees (attach schedule)	317		103 103	214
<u>a</u>	17	Interest				
<u>st</u>	18	Taxes (attach schedule) (see instructions)				
Ë	19	Depreciation (attach schedule) and depletion .				4)
늄	20					
Ž	21					
Бп	22					
a	23					
ij	24	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
rat		Add lines 13 through 23	1,102		103	999
be	25		17,067			17,067
ō	26		18,169		103 103	
	27		10,103		100	1.0,500
		a Excess of revenue over expenses and disbursements .	47,093		,	,
	l	b Net investment income (if negative, enter -0-)	, 11,03 3	. :	- '	
		C Adjusted net income (if negative, enter -0-)		•		
		Aujusteu net income (ii degative, enter -0-)	·	w	1	1

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Рa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
r a	· L III	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	4,621	28,725	28,725
	2	Savings and temporary cash investments	15,358		·
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
	Ì	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)			
		Less allowance for doubtful accounts			
S	8	Inventories for sale or use		·	
set	9	Prepaid expenses and deferred charges			
Assets	10 :	Investments—U S and state government obligations (attach schedule) .			
		b Investments—corporate stock (attach schedule)	*	38,347	38,347
		C Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			· · · · · · · · · · · · · · · · · · ·
	- '			İ	-
	12	Less accumulated depreciation (attach schedule) Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis			× × × × × × × × × × × × × × × × × × ×
	1.4	Less accumulated depreciation (attach schedule)	and the second	~	
	15				
	16	Other assets (describe	-		
	10	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item l)	19,979	67,072	67,072
	17		19,919	01,012	
	18	Accounts payable and accrued expenses			
es	1	Grants payable			
Ħ	19	Deferred revenue			•
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			•
Ë	21	Mortgages and other notes payable (attach schedule)			`
	22	Other liabilities (describe	-,		
	23	Total liabilities (add lines 17 through 22)	-		•
S		Foundations that follow SFAS 117, check here			
alances		and complete lines 24 through 26 and lines 30 and 31.			
an	24	Unrestricted			
	25	Temporarily restricted			,
Net Assets or Fund B	26	Permanently restricted			* /
E		Foundations that do not follow SFAS 117, check here • X			
F		and complete lines 27 through 31.			,
ō	27	Capital stock, trust principal, or current funds	19,979	67,072	4
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds .			,
A	30	Total net assets or fund balances (see instructions)	19,979	67,072	• ,
Čet	31	Total liabilities and net assets/fund balances (see			ı
		instructions)	19,979	67,072	
Par	t 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 3	30 (must agree with		
		of-year figure reported on prior year's return)		1	19,979
2	Enter	amount from Part I, line 27a		2	47,093
		increases not included in line 2 (itemize)		3	
		ines 1, 2, and 3		4	67,072
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, co		6	67,072
		, , ,			0.,0.2

Form 990-PF (2012)

Part IV Capital	Gains and	Losses for Tax on Inve	stment In	ICOI	ne			
(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		Date acquired no , day, yr.)	(d) Date sold (mo., day, yr)	
1a 186 shares Cono	cophillips				D		3/2/2012	3/8/2012
b 200 shares Pepsico Inc				D		3/2/2012	3/8/2012	
С								
d			~					
<u>e</u>							1	
(e) Gross sales p	nce	(f) Depreciation allowed (or allowable)			r other basis inse of sale		(h) Gain (e) plus (f)	mınus (g)
а	14,292				14,549			-257
<u>b</u>	12,520				12,510			10
C								. <u></u>
d								-
<u>e</u>				ما عاد الم	40/24/60			
(i) FM V as of 12/3		g gain in column (h) and owned	(k)	Exces	ss of col (ı)		(I) Gains (Col	ess than -0-) or
		as of 12/31/69		er coi	(j), if any		Losses (fro	
<u>a</u>	<u> </u>							-25 <u>7</u> 10
b		.,						10
d		·						
e		(If gain, a	lso enter in	Par	t Lline 7)			
2 Capital gain net i	ncome or (ne	of Capital (Acc)	enter -0- in		· > 1	2		-247
	ın Part I, line	(loss) as defined in sections e 8, column (c) (see instruction	1222(5) an ons). If (los	d (6).	3		-247
		r Section 4940(e) for Re			n Net Investm		ncome	-2-1
If "Yes," the foundation	able for the s	e this part blank section 4942 tax on the distri qualify under section 4940(e) nt in each column for each ye	. Do not co	mple	ete this part.			Yes X No
(a)	priate arriour	T each column for each ye	ai, see lile	11151	luctions before in	lakii iy	arry entities.	(d)
Base period y	ears	(b) Adjusted qualifying distribution	ıs Netv	alue d	(c) of nonchantable-use as	ssets		bution ratio
Calendar year (or tax year	ır beginning in)	<u> </u>					(col (b) di	vided by col (c))
2011			3,818			3,315 3,940		1.475128 7.140604
2010 2009			3,837 9,645			6,680		10.425898
2009	·-··-		1,918			3,384		10.318558
2007		 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,00-,		0.000000
2001		·L						0.00000
2 Total of line 1, co		he 5-year base period—divid	 le the total (on lu		}	2	29.360188
		lation has been in existence					3	7.340047
4 Enter the net value	ue of noncha	ritable-use assets for 2012 fr	om Part X,	line	5		4	34,790
5 Multiply line 4 by	line 3						5	255,360
6 Enter 1% of net in	nvestment in	come (1% of Part I, line 27b)					6	
7 Add lines 5 and 6							7	255,360
8 Enter qualifying of							8	18,066
If line 8 is equal t the Part VI instru		than line 7, check the box in	Part VI, line	e 1b,	and complete that	at par	t using a 1% ta	x rate See

				4
Form	n 990-PF (2012) THE PAUL W LINGLE FAMILY FOUNDATION 26-200	32143	, Pi	age 4
Рa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruc	tions	,	
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter "N/A" on line 1.		, · · ,	,
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b).	,		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			—
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			ـــــ
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<u> </u>
6	Credits/Payments:			
	2012 estimated tax payments and 2011 overpayment credited to 2012			
	Exempt foreign organizations—tax withheld at source	. '		1
	Tax paid with application for extension of time to file (Form 8868)		1	l
7	Backup withholding erroneously withheld			'
8	Total credits and payments. Add lines 6a through 6d			├
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			₩
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11				┢
	t VII-A Statements Regarding Activities	T		<u> </u>
		+	Yes	No
ıa	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?	1	163	-
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1a	\vdash	X
~	Instructions for the definition)?	1 _b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	15		┢
	published or distributed by the foundation in connection with the activities.	1	, ,	
С	Did the foundation file Form 1120-POL for this year?	1c	1	x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		,	m
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		ı	
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			• ,
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	3_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		'	1
	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?	6	X	<u> </u>
_	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	×	

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

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

complete Part XIV

their names and addresses .

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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"

8b

10

If the foundation had excess business holdings in 2012.)

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

3b

		PF (2012) THE PAUL W LINGLE FAMIL				26-2062143	3 Page (
Pa	<u>irt VI</u>	I-B Statements Regarding Activi	ties for Which Fo	rm 4720 May Be	Required (continue	ed)	
5a	Duri	ng the year did the foundation pay or incur an	y amount to.				'
	(1)	Carry on propaganda, or otherwise attempt	to influence legislation (section 4945(e))? .	Yes	X No	1 .
	(2) Influence the outcome of any specific public election (see section 4955); or to carry						1 1
		on, directly or indirectly, any voter registratio	n drive?		· · · · Yes	X No]
	(3)	Provide a grant to an individual for travel, stu	idy or other similar our	poses?	TYes	X No	1 1
		Provide a grant to an organization other than	• •	2		<u></u>	
	٠٠,	in section 509(a)(1), (2), or (3), or section 49			Tyes	X No	
	(5)	Provide for any purpose other than religious.		-	· · · · · L les	<u> </u>	
	(0)	educational purposes, or for the prevention of		• •	Yes	X No	
b	If an	y answer is "Yes" to 5a(1)–(5), did any of the	transactions fail to qual	fy under the exception	ons described in	,	' .
	Reg	ulations section 53.4945 or in a current notice	regarding disaster assi	stance (see instructe	ons)?	5b	N/A
	Orga	anizations relying on a current notice regarding	g disaster assistance ch	neck here	•	· 🔲 🔠 🕆	
C	If the	e answer is "Yes" to question 5a(4), does the f	oundation claim exemp	tion from the			
	tax b	ecause it maintained expenditure responsibili	ty for the grant?		Yes	No	'
	If "Ye	es," attach the statement required by Regulat	tions section 53.4945–	5(d).		1	1. 1
6a		he foundation, during the year, receive any fu					·
	prem	niums on a personal benefit contract?			· · · · Yes	X No	
b	Did t	he foundation, during the year, pay premiums	, directly or indirectly, or	n a personal benefit (contract?	6b	X
	If "Ye	es" to 6b, file Form 8870					
7a	At ar	ny time during the tax year, was the foundation	a party to a prohibited	tax shelter transaction	on? Yes	X No	
b	lf "Y∈	es," did the foundation receive any proceeds o	or have any net income	attributable to the tra	nsaction?	7b	N/A
P	art V	III Information About Officers	, Directors, Truste	es, Foundation	Managers, Highly	Paid Employ	yees,
		and Contractors					
_1	List	all officers, directors, trustees, foundate	tion managers and t	heir compensatio	n (see instructions).		
		(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Exper	nse account,
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensate	othera	llowances
PAI	JL W	LINGLE	TRUSTEE				
488	4 GR	REENMOUNT PIKE RICHMOND, IN 473	1.00				
		<u> </u>		:			
							
						ŀ	
				 			_
2		pensation of five highest-paid employer. r "NONE."	ees (other than those	e included on line	1—see instructions).	If none,	
			(b) Total		(d) Contributions to		
(a) Name	and address of each employee paid more than \$50,0	(b) Title, and avera	ge (c) Compensati	employee benefit	(e) Exper	ise account,
			devoted to positio		plans and deferred compensation	other a	ilowances
NO	NE						
						ļ	
	_						
Tota	al nur	mber of other employees paid over \$50,00	00			>	

THE PAUL W LINGLE FAMILY FOUNDATION	<u>26-2062143</u> Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, H and Contractors (continued)	ighly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter	"NONE"
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	(b) compensation
Total number of others receiving over \$50,000 for professional services	•
Part IX-A Summary of Direct Charitable Activities	
Summary of Direct Chantable Activities	
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as	Expenses
the number of organizations and other beneficianes served, conferences convened, research papers produced, etc	
1 TO DEVOTE AND APPLY TRUST PROPERTY AND INCOME TO BE DERIVED THEREFROM EXCLU	
FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES DIRECTLY	
CONTRIBUTIONS TO ORGANIZATIONS WHICH ARE DULY AUTHORIZED TO CARRY ON SUCH PL	JRPOSE 18,066
2	
3	
3	
4	
4	
	·································
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	Amount
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3

Form **990-PF** (2012)

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundation	ns,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes:	1 10	2 106
a	Average monthly fair market value of securities	1a 1b	3,196 32,124
b	Average of monthly cash balances	1c	32,124
C	Fair market value of all other assets (see instructions)	1d	35,320
d	Total (add lines 1a, b, and c)	iu	33,320
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)	┤·;·│	
2	Acquisition indebtedness applicable to line 1 assets	3	25 220
3	Subtract line 2 from line 1d	3 -	35,320
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		520
_	instructions)	4 -	530
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	34,790
6	Minimum investment return. Enter 5% of line 5	6	1,740
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here X and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2012 from Part VI, line 5	4	
b	Income tax for 2012. (This does not include the tax from Part VI.)	4 .	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	T	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	18,066
b	Program-related investments—total from Part IX-B	1b	10,000
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		
-		20	
a	Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule)	3a 3b	
р 4		4	19.066
4 5	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.		18,066
J	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
_	income. Enter 1% of Part I, line 27b (see instructions)	5	40.000
D	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,066
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found qualifies for the section 4940(e) reduction of tax in those years	lation	

	111 330	THE PAUL W LINGLE FAMIL				26-206	2143 Page 10
	rt X				question 9)		
1		he foundation has received a ruling or determina		• •			
	fot	undation, and the ruling is effective for 2012, ent	er the date of the rulin	ng	🕨 🔼		
	b Check box to indicate whether the foundation is a private operating foundation described in section X 4942(j)(3) or						4942(j)(5)
	a En	ter the lesser of the adjusted net	Tax year		Prior 3 years		
		come from Part I or the minimum		(L) 0044		(4) 0000	(e) Total
		restment return from Part X for each ar listed	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
	. •						
		% of line 2a					
		alifying distributions from Part XII,	1				
	tine	e 4 for each year listed	18,066	38,818	63,837	69,645	190,366
•	d An	nounts included in line 2c not used directly					
		active conduct of exempt activities					
		alifying distributions made directly	İ				
		active conduct of exempt activities					
3		btract line 2d from line 2c	18,066	38,818	63,837	69,645	190,366
J		mplete 3a, b, or c for the ernative test relied upon.					
		ssets" alternative test—enter					
	(1)	Value of all assets	67,072	19,979	28,769	14,017	129,837
	(2)					1,1011	
	(-/	under section 4942(j)(3)(B)(i)	67.070	10.070	20.700	44.047	400.007
ı	າ "F≀	ndowment" alternative test—enter 2/3	67,072	19,979	28,769	14,017	129,837
		minimum investment return shown in					
		rt X, line 6 for each year listed	1,160	877	298	223	2,558
	: "St	upport" alternative test—enter.			**		
	(1)	Total support other than gross					
		investment income (interest,					
		dividends, rents, payments on securities loans (section					
		512(a)(5)), or royalties)	65,406	30,502	78,092	81,802	255,802
	(2)	Support from general public	05,400	30,302	70,032	01,002	200,002
	` '	and 5 or more exempt					
		organizations as provided in section 4942(j)(3)(B)(iii)					
	(2)						
	(3)	Largest amount of support from an exempt organization					
	(4)	· · · · · · · · · · · · · · · · · · ·	20.010				
D۵	rt X		26,812	30,180	69,589	52,529	179,110
ГС	ILA				ndation had \$5,	000 or more in	
	1 6	assets at any time during the year		ions.)			
7		ormation Regarding Foundation Manager					
ē	LISI hef	t any managers of the foundation who have cont	ributed more than 2%	of the total contrib	outions received by t	he foundation	
D.A		ore the close of any tax year (but only if they have	ve contributed more tr	nan \$5,000). (See s	section 507(a)(2).)		
		V. LINGLE					
L	OW	t any managers of the foundation who own 10% nership of a partnership or other entity) of which	or more of the stock of	of a corporation (or	an equally large poi	tion of the	
NC		merening of a parametering of other chargy of which	the foundation has a	1070 of greater line	51 C 5t.		
2	NE Inf	ormation Boggrding Contribution Crant	Ciff Loon Coholo	nahin ata Duani			
4		ormation Regarding Contribution, Grant,	•				
	Une	eck here $\blacktriangleright X$ if the foundation only makes colorited requests for funds. If the foundation makes	contributions to prese	lected charitable of	rganizations and do	es not accept	
		er conditions, complete items 2a, b, c, and d.	tes giits, grants, etc. ((see instructions) to	individuals or orgal	nizations under	
		e name, address, and telephone number or e-ma	il of the person to wh	om analysations ob	ould be addressed:		
d	1110	onamo, address, and telephone number of e-ma	in or the berson to Mu	om applications sn	ould be addressed:		
b	The	form in which applications should be submitted	and information and	materials they shou	uld include		
C	Any	submission deadlines.				· · · · · · · · · · · · · · · · · · ·	
	Δ ::-	restrictions or limitations as awards and b		abadiable 5-14: 13	inde of inetitutes	a athar	
u	fact	r restrictions or limitations on awards, such as by ors.	yeographical areas,	Chantable fields, Ki	mas or institutions, C	ii olilei	

Part XV Supplementary Information (continued)

Form 990-PF (2012)

3 Grants and Contributions Paid During th	e Year or Approved	for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient			
a Paid during the year BETH BORRUK TEMPLE		PUBLIC	GENERAL	150	
BETTE G DAVENPORT SCHOLARSHIP		PUBLIC	GENERAL	50	
BOY SCOUTS OF AMERICA		PUBLIC	GENERAL	150	
CAMP MAK-A-DREAM		PUBLIC	GENERAL	1,000	
CIRCLE U HELP CENTER		PUBLIC	GENERAL	100	
EARLHAM COLLEGE		PUBLIC	GENERAL	730	
FIRST ENGLISH LUTHERAN CHURCH		PUBLIC	GENERAL	50	
FIRST PRESBYTERIAN CHURCH		PUBLIC	GENERAL	50	
FRIENDS OF MISSOULA PARKS	į	PUBLIC	GENERAL	250	
GATEWAY VINEYARD	14	PUBLIC	GENERAL	125	
GIRLS INC		PUBLIC	GENERAL	200	
Total See Attached Statement			▶ 3 a	17,067	
b Approved for future payment					
Total			▶ 3b		

Pa	rt XVI-A Analysis of Income-Producing Activ	ities				
Ent	ter gross amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Program service revenue					,
	a					
	b					ļ
	c					
	d					
	e					
	f					
	g Fees and contracts from government agencies .	····				
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments .					
4	Dividends and interest from securities			14	103	
5	Net rental income or (loss) from real estate.					
	a Debt-financed property					
	b Not debt-financed property		<u></u>			
6	Net rental income or (loss) from personal property					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory			18	-247	
	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory			· · · · · · · · · · · · · · · · · · ·		
	Other revenue: a		· · -			
• •	b					
	c					
			····			
	e				-	
12					-144	
	Subtotal. Add columns (b), (d), and (e)				-144 13	<u> </u>
13	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)				-144 13	<u> </u>
1 3 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)					<u> </u>
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	omplishment	of Exempt P	urposes	13	<u> </u>
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Sei	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144
13 (Se	Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.) rt XVI-B Relationship of Activities to the Accele No. Explain below how each activity for which income	omplishment	of Exempt P	urposes /I-A contributed in	13	-144

Use Only

Dar	XVII	Information Roa	ording Tran	efore To and Tr	aneactione a	nd Po	lationships With Nonchari	table		
ran		_	_	isiers to allu tie	ansactions a	iliu Ke	iationships with Nonchan	lable		
		Exempt Organiz			fallende		a composition de caribad		V	NI-
							er organization described	1	Yes	NO
		· ·	(other than se	ection 501(c)(3) org	ganizations) or i	n sectio	on 527, relating to political	ŀ		
(organiza	tions?								
a ·	Transfers	s from the reporting t	foundation to	a noncharitable exe	empt organization	on of		ı		
	(1) Cash							1a(1)		X
	(2) Othe							1a(2)		Х
	• •	nsactions:				•		1(-/	· .	
			sharitable eve	mnt organization				1b(1)	-	Х
								1b(2)		$\frac{\lambda}{X}$
		al of facilities, equip						1b(2)	 	x
	• •									
		bursement arranger						1b(4)		X
		s or loan guarantees						1b(5)	-	X
		ormance of services						1b(6)	 	X
C	Sharing o	of facilities, equipme	nt, mailing list	s, other assets, or p	paid employees			1c	<u> </u>	Х
,	alue of t	he goods, other ass	ets, or service	es given by the repo	orting foundation	n If the	(b) should always show the fair foundation received less than fact goods, other assets, or service	air mark	et ed.	
(a) Li	ne no.	(b) Amount involved	(c) Name	of nonchantable exempt	organization	(d) De	escription of transfers, transactions, and s	hanng arr	angeme	nts
							•			
						· · · · · · · · · · · · · · · · · · ·				
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			<u> </u>			ļ				
			<u> </u>	<u></u>		<u> </u>				
2a i	s the fou	ndation directly or in	directly affiliat	ted with, or related	to, one or more	tax-exe				
					1(c)(3)) or in se	ection 52	277	Yes X	No	
b I	<u>f "Yes," c</u>	complete the following	ig schedule							
		(a) Name of organization		(b) Type o	of organization		(c) Description of relati	onship		
				_						
										
		<u></u>				_				
										
						-				
	Linder	menallies of nerium I declare it	hat I have evamined	his return, including accompa	num schodulae and et	atements a	and to the best of my knowledge and belief, it is to	10		
	correc	t, and complete Declaration of	necesser (other than	ins return, including accompa (axoaver) is based on all infor	mation	acments, a	and to the best of my knowledge and belief, it is the	,c,		
Sig	n 🚟	2 2	The state of the s							
Her		True Dali	1. Imai	1. 2/10/1-						
		me a	girain		2					
	Sig	nature of officer or trustee		Date						
		Print/Type preparer's na	me	Preparer's signature						
Paid				(), _(/),	()					
Pre	parer	Dawn D James, C		Janz (h)	100					
	Only		ebb & Associa							
Firm's address • 66 South 12th Street, Richmond, IN 473										



Schedule B

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

Name of the organization

Schedule of Contributors

OMB No 1545-0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Employer identification number

THE PAUL W LINGLE FAMIL	Y FOUNDATION	26-2062143					
Organization type (check one).							
Filers of:	Filers of: Section:						
Form 990 or 990-EZ							
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1					
	501(c)(3) taxable private foundation						
	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See					
General Rule							
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or le contributor. Complete Parts I and II.	more (in money or					
Special Rules							
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test d 170(b)(1)(A)(vi) and received from any one contributor, during the year, a 6 of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	contribution of the greater					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 190-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							

Page 2

	rganization _ W LINGLE FAMILY FOUNDATION		Employer identification number 26-2062143
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAUL W LINGLE 4884 GREENMOUNT RICHMOND IN 47374 Foreign State or Province: Foreign Country:	\$ 12,510	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PAUL W LINGLE 4884 GREENMOUNT RICHMOND IN 47374 Foreign State or Province Foreign Country:	\$ 14,549	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PAUL W LINGLE 4884 GREENMOUNT RICHMOND IN 47374 Foreign State or Province Foreign Country.	\$ 38,347	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country.	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

age 3

Name of organization Employer identification number
THE PAUL W LINGLE FAMILY FOUNDATION 26-2062143

Part II	Noncash Property (see instructions). Use duplicate c	opies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	200 SHARES PEPSICO INC	\$ 12,510	3/2/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	186 SHARES CONOCOPHILLIPS	\$ 14,549	3/2/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	75 SHARES APPLE COMPUTER	\$ 38,347	12/28/2012
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

			9-	-
	ganization W LINGLE FAMILY FOUNDATION		Employer identification number 26-2062143	
Part III	Exclusively religious, charitable, etc., individual more than \$1,000 for the year. Complete For organizations completing Part III, enter the	te columns (a) through (e) and	n 501(c)(7), (8), or (10) organizations the following line entry.	_
	contributions of \$1,000 or less for the year. (If Use duplicate copies of Part III if additional sp	Enter this information once. See		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		_
Part III (a) No. from	Transferee's name, address, and ZIP	+4 Relat	ionship of transferor to transferee	
from	For. Prov Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
(a) No. from Part I		(e) Transfer of gift		
	Transferee's name, address, and ZIP	_	ionship of transferor to transferee	
	For. Prov. Country		·	
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, and ZIP	+ 4 Relati	ionship of transferor to transferee	
(a) No.	For. Prov. Country			_
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, and ZIP	+4 Relati	ionship of transferor to transferee	
	For Prov Country			

THE PAUL VY LINGUE PAIVILLE					12 145 Fage	
Continuation of Part XV,	Line 3a (990-PF) ·	- Gran	ts and Con	tributions Paid	d During the	<u> </u>
Recipient(s) paid during the year						
Name						
HELP THE ANIMALS						
Street						
City		State	Zip Code	Foreign Coun	tn/	
City		State	Zip Code	oreign coun	a y	
Relationship	Foundation Status	<u>, </u>	<u> </u>	 		
	PUBLIC					
Purpose of grant/contribution					Amount	20
GENERAL					_1	30
Name						
INDIANA UNIVERSITY Street						
oncer						
City		State	Zip Code	Foreign Coun	try	
			<u></u>			
Relationship	Foundation Status	;				
Purpose of grant/contribution	IFOBLIC		•	· · · · · · · · · · · · · · · · · · ·	Amount	
GENERAL						150
Name			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
INTERLOCK						
Street						
<u> </u>		1	12			
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status	_l }	l,			
	PUBLIC					
Purpose of grant/contribution					Amount	
GENERAL					<u> </u>	25
Name						
IVY TECH FOUNDATION INC	··· <u>·····</u> ···					
Street						
City		State	Zip Code	Foreign Coun	trv	
					<i>,</i>	
Relationship	Foundation Status		· · · · · · · · · · · · · · · · · · ·			
Purpose of grant/contribution	PUBLIC				14	
SENERAL					Amount	1,000
		·-· -· ···	,,,,		<u> </u>	1,000
Name JACOB WHITE FUND						
Street					· · · · · · · · · · · · · · · · · · ·	
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status	<u> </u>				
Relationship	PUBLIC					
Purpose of grant/contribution	1. 002.0				Amount	
GENERAL	·					500
Name						
JOHNS HOPKINS UNIVERSITY	·					
Street						
City		State	Zip Code	Foreign Coun	tn/	
on,		Jiale	Lip Code	J. Steigh Count	u y	
Relationship	Foundation Status					
<u></u>	PUBLIC					
Purpose of grant/contribution					Amount	400
GENERAL					1	100

·						_
THE PAUL W LINGLE FAMILY Continuation of Part XV,		Gran	te and Con			2 of 5
Recipient(s) paid during the year	Line Sa (550-PF)	Gran	ts and Con	HIDUHOIIS PAIC	i During a	ie rear
Name JOSEPH MALEY FOUNDATION Street						
City		State	Zip Code	Foreign Coun	to.	<u></u>
			Zip Code		<u>.</u>	
Relationship	Foundation Status					
Purpose of grant/contribution GENERAL					Amount	200
Name KICKIN CANCER COMMITTEE Street						 ,
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status		1			
Purpose of grant/contribution GENERAL	II ODLIO				Amount	500
Name KIWANIS CLUB OF RICHMOND Street						
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Foreign Coun	lry	
Relationship	Foundation Status PUBLIC					
Purpose of grant/contribution GENERAL	TI OBLIC				Amount	170
Name REID HOSPITAL FOUNDATION Street				····		
City		State	Zip Code	Foreign Count	ry	
Relationship	Foundation Status PUBLIC					
Purpose of grant/contribution GENERAL					Amount	2,880
Name RELAY FOR LIFE						
Street						
City		State	Zip Code	Foreign Count	ry	
Relationship	Foundation Status PUBLIC		<u> </u>	<u></u>		
Purpose of grant/contribution GENERAL				,	Amount	191
Name RESTORATION MINISTRIES - VOID Street	DED CHECK					
					·	
City		State	Zip Code	Foreign Count	ry	
Relationship	Foundation Status PUBLIC	·				
Purpose of grant/contribution GENERAL					Amount	-500

THE PAUL W LINGLE FAMILY	FOUNDATION			26-20	32143 Page	3 of 5	
Continuation of Part XV,	Line 3a (990-PF)	- Gran	its and Con	tributions Paid	d During th	e Year	
Recipient(s) paid during the year							
Name RICHMOND ART MUSEUM							
Street					-		
City		State	Zip Code	Foreign Coun	itry		
Relationship	Foundation Status	s	. I				
Purpose of grant/contribution GENERAL					Amount	50	
Name RICHMOND CIVIC THEATRE							
Street							
City	• •	State	Zip Code	Foreign Coun	try		
Relationship	Foundation Status	5	•				
Purpose of grant/contribution GENERAL					Amount	700	
Name RICHMOND FAMILY YMCA							
Street							
City		State	Zip Code	Foreign Coun	try		
Relationship	Foundation Status	5	. I				
Purpose of grant/contribution GENERAL					Amount	1,050	
Name SMITHSONIAN INSTITUTE - VOIDE Street	ED CHECK						
City		State	Zip Code	Foreign Coun	Foreign Country		
Relationship	Foundation Status	1					
Purpose of grant/contribution GENERAL		•		· · · · · · · · · · · · · · · · · · ·	Amount	-19	
Name SPECIAL OLYMPICS INDIANA			-				
Street							
City		State	Zip Code	Foreign Coun	try		
Relationship	Foundation Status PUBLIC	<u></u>	· · · · · · · · · · · · · · · · · · ·		···		
Purpose of grant/contribution GENERAL					Amount	50	
Name THE FIRST TEE - CENTRAL INDIAN	JA				- 		
Street	·····································						
City		State	Zip Code	Foreign Coun	try		
Relationship	Foundation Status	<u> </u>	<u> </u>				
Purpose of grant/contribution			·		Amount	150	

Amount

150

Foundation Status

PUBLIC

Relationship

GENERAL

Purpose of grant/contribution

Continuation of Part XV		C	to and Car	26-206	
Continuation of Part XV, L Recipient(s) paid during the year	ine 3a (990-PF)	- Grar	its and Con	itributions Paid	During the Year
Name WHITEWATER PRO BONO OFFICE					
Street			-		
City		State	Zip Code	Foreign Coun	try
Relationship	Foundation Status	<u></u>			
	PUBLIC	•	. <u>.</u>		- <u></u>
Purpose of grant/contribution GENERAL					Amount 1,000
Name YWCA OF RICHMOND					
Street					
City		State	Zip Code	Foreign Coun	try
Relationship	Foundation Status	<u></u>	. 1	<u></u>	
Purpose of grant/contribution GENERAL					Amount 500
Name BOYS & GIRLS CLUBS OF WAYNE C	OUNTY				
Street	001111	. ,			
City		State	Zip Code	Foreign Coun	try
Relationship	Foundation Status	;			
Purpose of grant/contribution GENERAL	11 002.0				Amount 3,500
Name					
Street					
City		State	Zip Code	Foreign Count	try
Relationship	Foundation Status	i	- 		
Purpose of grant/contribution				-	Amount
Name					
Street					·
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status	<u>.l </u>	<u> </u>	L	
Purpose of grant/contribution					Amount
Name					
Street				 	
City		State	Zip Code	Foreign Count	ry
Relationship	Foundation Status	<u>L</u>	<u> </u>		
Purpose of grant/contribution					Amount

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

			-					Totals-	Gross	_	Cost	Other	Net	Gain
		Amount							Sales		Basis and	Expenses		oss
							Capital Gains/Losses		26,812		27,059		-247	
	Short Term CG Distributions			_				Other sales						
Check "				Check "X" if Purchaser							Expense of Sale and Cost of			
to includ				ıs a	Date	Acquisition	Date	Gross Sales	Cost or	Valuation	Improve-	l <u>.</u>		Net Gain
ın Part I	V Description	CUSIP#	Purchaser	Business	Acquired	Method	Sold	Price	Other Basis	Method	ments	Depreciation	Adjustments	or Loss
1 X	186 SHARES CONOCOPHILLIP				3/2/2012	P	3/8/2012	14,292	14,549					-257
2 X	200 SHARES PEPSICO INC				3/2/2012	P	3/8/2012	12,520	12,510					10



Part I, Line 16b (990-PF) - Accounting Fees

		785								
		Revenue and			Disbursements for Charitable					
-	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes					
<u> </u>	Person Providing Service	Books _	Income	Income	(Cash Basis Only)					
1	WEBB & ASSOCIATES	785			785					

Part I, Line 16c (990-PF) - Other Professional Fees

		317	103	103	214
\Box					Disbursements
1		Revenue and			for Charitable
1	Name of Organization or	Expenses per	Net Investment	Adjusted Net	Purposes
Ł	Person Providing Service	Books	Income	Income	(Cash Basis Only)
	U S. BANK TRUST FEES	317	103	103	214

Part II, Line 10b (990-PF) - Investments - Corporate Stock

				38,347		38,347	
ſ		Num. Shares/	Book Value	Book Value	FMV	FMV	
١	Description	Face Value	Beg of Year	End of Year	Beg. of Year	End of Year	
İ	1 APPLES COMPUTER STOCK	75		38,347		38,347	

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

Γ	Name	Check "X" If Business	Street	City	State	Zıp Code	Foreign Country		Avg Hrs Per Week	Compensation	Benefits	Expense Account
	PAUL W LINGLE		4884 GREENMOUNT PIKE	RICHMOND	IN	47374		TRUSTEE	1 00			
1	 											