EXTENDED TO NOVEMBER 15, 2018 Return of Frivate 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.

~	Fọr c	alen	dar year 2017 or tax year	beginning				, and e	ndıng					
Name of foundation									A Emplo	yer identi	fication	number		
	T	HU	RSTON FOUNDA	TION.	INC.					35.	-1754	1670		
			nd street (or P O box number if			address)			Room/suite	B Teleph	one numb	oer		
	8	50	5 WOODFIELD	CROSS	ING, #	125					7-257		13	
			own, state or province, cou			ostal code		•		C If exemp	otion applica	ation is pe	ending, check here	
			IANAPOLIS, I all that apply:	N 46	240	Initial	return of a fo	ormer public o	:harity	D 1. Fore	eian oraan	nizations	, check here	ightharpoons
	• •			Final return			ded return	······	,					
				Address ch			change			2. Fore	k here and	attach co	eting the 85% test mputation	. ▶□
2.	H_C	-	,,		` ~	kempt private for Other taxable pi		nt.o.a	04				tus was termina	
7	<u> </u>		ction 4947(a)(1) nonexemirket value of all assets at e				X Cash	Accr	ual t	1			(A), check here	
4			Part II, col. (c), line 16)	ina or your	. —	ther (specify)		,,,,,,,		1			60-month termii (B), check here	
1	<u> </u>		1,130		(Part I, colur	nn (d) must be o	on cash bas	ıs.)						·
	Ŗã	řtši	Analysis of Revenue an (The total of amounts in colur necessarily equal the amount	nns (b), (c), an	d (d) may not	(a) Reven expenses p		(b) Net in	vestment ome	(c) /	Adjusted r income	net	(d) Disburs for charitable (cash basi	purposes
		1	Contributions, gifts, grant	s, etc., rece	ved	500	,645.				N/A%			
0107 ‡		2	Check fithe foundation		o attach Sch B									
		3	- Cash investments			26	006	1	6,926.	<u> </u>			STATEME	Secondaria
		4 Dividends and interest from securities			20	,926.	4	0,920.	-	·		DIVICME	IN T	
		_	Gross rents Net rental income or (loss)				*******							
		_	Net gain or (loss) from sale of a	assets not on	line 10	30	,807.			XXXX		****	STATEME	NT 1
	Revenue	b	Gross sales price for all assets on line 6a	630	,681.									
	ě	7	Capital gain net income (from I	Part IV, line 2)				39	3,877.	7760				
_	"	8	Net short-term capital gail	n						<u> </u>				
		9	Income modifications Gross sales less returns						400000000000000000000000000000000000000	232-522-523	*******	(\$\&\####\$		
_		10a	and allowances Less Cost of goods sold							2680				
7	.		Gross profit or (loss)		•	2000.0000000000000000000000000000000000	38240-823-35-35-038-35-35-0			2307438634	- enstaceaceacea	#20000000000		
		11 Other income			,617.		1,617.				STATEME	NT 3		
餐		12	Total. Add lines 1 throug	h 11	·	559	,995.	42	2,420.					
8		13	Compensation of officers, dire		s, etc		0.		0.	1-45-2				0.
90		14 15	Other employee salaries a Pension plans, employee	•		<u> </u>				 	E2 65	3	7	
	ŝ		Legal fees	Dellelle							1		1	
	eus		Accounting fees	SI	MT 4	5	,250.		0.	157	18		5	,250.
	찞		Other professional fees	SI	'MT 5		,922.		2,592.	1	15		į	330.
	ķ	17	Interest							احت	18	1		
	tra	18	Taxes		т б	• 1	,811.		581.		201	<	10 ST 8000 BOOK STORE THE ST	0.
	į	19	Depreciation and depletio	Π						-	<u>¦ ≅</u>			********
	Adn	20 21	Occupancy Travel, conferences, and i	meetings						 	<u></u>			
	pu'	22	Printing and publications	_						i	S-OSC			
	Operating and Administrative Expens	23	Other expenses		'MT 7	1	,039.		1,039.					0.
	rati	24	Total operating and adm										_	
	Ope		expenses. Add lines 13 ti				,022.	8.000000000000	4,212.	5852/992 55,22.5	\$215-61/20000X	ALXXVIII.X	560	5,580. 0,000.
			Contributions, gifts, grant			200	,000.			69693336			360	,000.
		20	Total expenses and disb Add lines 24 and 25	นเจตเมติแร้.		571	,022.		4,212.				565	5,580.
	$\overline{}$	27	Subtract line 26 from line	12:				S. (4)		***				
		a	Excess of revenue over expen	ses and disbu	rsements	-11	,027.							
			Net investment income (41	8,208.					
		C	Adjusted net income (if no	egative, enter	-0-)]	N/A			

Form **990-PF** (2017)

65	d √99° <u>°</u> %	Ralance Sheets Attached schedules and amounts in the description	Degining of year	E110 C	n year
į	aπ.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	35,952.	36,823.	36,823.
		Accounts receivable ►			
		Less: allowance for doubtful accounts		000000000000000000000000000000000000000	200-70-2-200-200-2-70-70-2-00-2-00-2-00
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts		100000000000000000000000000000000000000	X.22.00.00.00.3.00.00.00.00.00.00.00.00.00.0
	5	Grants receivable			
	_	Receivables due from officers, directors, trustees, and other	,		-
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts	\$45.00 P\$2053.40002 P\$1000000000000000000000000000000000000		
S	l a	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
	l	Investments - corporate stock STMT 9	75,238.	67,804.	70,307.
	ı	Investments - corporate bonds STMT 10	371,650.	397,271.	395,316.
	l	Investments - land, buildings, and equipment basis			
	l	Less accumulated depreciation	10151000007.31000000000077.200000000000000000	TOTAL ADDICATION OF THE PROPERTY OF THE PROPER	
	12	Investments - mortgage loans			
	l	Investments - other STMT 11	537,197.	496,520.	627,669.
	14	Land, buildings, and equipment basis ►	7.00		
		Less accumulated depreciation	ACCUTATION PROGRAMMENT	CALL AND DESCRIPTION OF THE STREET, SAN THE SA	
	15	Other assets (describe ▶)	` '-		
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	1,020,037.	998,418.	1,130,115.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
æ	21	Mortgages and other notes payable			
Ξ.	22	Other liabilities (describe)			
				_	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
,		and complete lines 24 through 26, and lines 30 and 31.			
ĕ	24	Unrestricted	<u> </u>		
ā	25	Temporarily restricted			
8	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.	_		
tso		Capital stock, trust principal, or current funds	0.	0.	
Se		Paid-in or capital surplus, or land, bldg., and equipment fund	456,939.	456,939.	
Net Assets or Fund Balances		Retained earnings, accumulated income, endowment, or other funds	563,098.	541,479.	
Š	30	Total net assets or fund balances	1,020,037.	998,418.	
			4 000 000	000 440	
	31	Total liabilities and net assets/fund balances	1,020,037.	998,418.	
₽.	art	Analysis of Changes in Net Assets or Fund E	Balances		
_			20	···	
ı		I net assets or fund balances at beginning of year - Part II, column (a), line	: 30	١,	1 020 037
•	•	st agree with end-of-year figure reported on prior year's return)		1 2	1,020,037.
		r amount from Part I, line 27a		3	0.
		r increases not included in line 2 (itemize) lines 1, 2, and 3	****	4	1,009,010.
		eases not included in line 2 (itemize)	SEE ST	ATEMENT 8 5	10,592.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II.		ATEMENT 0 5	998,418.
·	·····	r nor ecousa di finno diniminata di Gilo di Vagi Cilila 4 HIIIIU3 IIII6 JT "FALLII. G	CIGITIE LE A. HILLO CO	1 0	. , , , , , ,

Part IV Capital Gains and L	osses for Tax on In	vestment	Income						
` (a) List and describe the kind 2-story brick warehous	mple, real estate, s. MLC Co.)		(b) How acquired P - Purchase D - Donation		(c) Da (mo	ate acquired ., day, yr.)	(d) Date sold (mo., day, yr.)		
1a			- 						
	ATEMENT			_				<u> </u>	
<u>c</u>						<u> </u>			
<u>d</u>									
(e) Gross sales price		t or other basis xpense of sale) Gain or (loss plus (f) minus			
a			<u>-</u>						
<u>b</u>									
C					···				
d 630,681.			236,80	1				393,877.	
Complete only for assets showing gain	in column (h) and owned by t	he foundation		**		/I) Gains	s (Col. (h) gain		
Complete only for assets showing gain	(j) Adjusted basis		cess of col. (I)		(ol. (k), b	ut not less tha	n -0-) or	
(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any	_		Loss	Losses (from col. (h))		
a b									
c									
d									
e					···			393,877.	
2 Capital gain net income or (net capital los	(If gain, also enter (If (loss), enter -0-	in Part I, line :		}	2			393,877.	
, , ,	•		•	<u> </u>				<u></u>	
3 Net short-term capital gain or (loss) as d if gain, also enter in Part I, line 8, column if (loss), enter -0- in Part I, line 8		u (o).		}	3		N/A		
Part V Qualification Under	Section 4940(e) for	Reduced	Tax on Net	Inv	estment li	ncome			
(For optional use by domestic private found	ations subject to the section 4	1940(a) tax on	net investment in	ncome	.)				
If postion 4040/d\/Q\ applies lesses this port	blook								
If section 4940(d)(2) applies, leave this part	Oldlik.								
Was the foundation liable for the section 49-				rıod?				Yes X No	
If "Yes," the foundation doesn't qualify under									
1 Enter the appropriate amount in each co		ISTRUCTIONS DET	ore making any e					78	
Base periód years	(b) Adjusted qualifying dist	tributions	Net value of no	(c) anchar		ets	Distrib	(d) bution ratio vided by col. (c))	
Calendar year (or tax year beginning in) 2016		5,330.	1101 10100 01 110		,086,31		(cor. (n) an	• 050934	
2015		$\frac{3,330.}{4,178.}$	··	1	,170,49	15.		.217154	
2014		7,050.			,161,02			.049138	
2013		5,295.			,118,79			.049424	
2012	5	5,350.		1	,073,10	6.		.051579	
2 Total of line 1, column (d)							2	.418229	
3 Average distribution ratio for the 5-year	pase period - divide the total o	on line 2 by 5.0), or by the numb	er of y	ears/				
the foundation has been in existence if le	ss than 5 years					- 1-3	3	.083646	
4 Enter the net value of noncharitable-use	assets for 2017 from Part X, I	line 5					4	1,466,833.	
5 Multiply line 4 by line 3							5	122,695.	
and the second s									
6 Enter 1% of net investment income (1%	of Part I, line 27b)					L	6	4,182.	
·									
7 Add lines 5 and 6							7	126,877.	
8 Enter qualifying distributions from Part 3	(II, line 4						8	565,580.	
If line 8 is equal to or greater than line 7,	•	1b. and comp	lete that part usin	ng a 1º	% tax rate.	-			
See the Part VI instructions		, _,		J					

Š	ittVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b)		948 -	see instri	uctions	<u>s) </u>
	1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1% of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).						
	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		4,18	2.
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		4,18	2.
6	Credits/Payments:					
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a	960.				
b	Exempt foreign organizations - tax withheld at source	0.				
C	: Tax paid with application for extension of time to file (Form 8868)	4,272.				
d	Backup withholding erroneously withheld 6d 6d	0.				
7	Total credits and payments. Add lines 6a through 6d		7		5,23	
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	,		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. ▶	10		1,05	
		0 . Refunded ►	11			0.
Ŗa	irt VII-A Statements Regarding Activities					
1a	ı During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it pa	rticipate or intervene	in ,			
	any political campaign?			1a		<u>X ′</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the inst		tion	1b	TAX SERVE OF	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	ublished or				
	distributed by the foundation in connection with the activities.		` '			.
	Did the foundation file Form 1120-POL for this year?			1c	12200 480 480	X
d	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	on foundation				
	managers. ► \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	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, article	es of incorporation, or	r			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		•	3		<u>X</u>
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	olf "Yes," has it filed a tax return on Form 990-T for this year?		N	/A 4b	ļļ	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	Sh Sadout Au	X
	If "Yes," attach the statement required by General Instruction T		•			
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?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	(Antidat
8a	a Enter the states to which the foundation reports or with which it is registered. See instructions.					
_	IN .		•			
b	olf 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	10.10(.)(=) (8b	X	30500059
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	or 4942(j)(5) for caler	ndar			V
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV			10		$\frac{X}{X}$
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses						

۲á	int VII-A Statements Regarding Activities (continued)		•	•
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		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	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► MARCIA THURSTON ROBERTS Telephone no. ► 317-25	7-9	813	
	Located at ►5307 WOODFIELD S. DRIVE, CARMEL, IN ZIP+4 ►46	032		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\cdot \square$
	and enter the amount of tax-exempt interest received or accrued during the year .	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		***	
	foreign country			
Ra	irt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	***	Yes	No
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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.)			
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 N/A	1b	SCORECONION.	
	Organizations relying on a current notice regarding disaster assistance, check here	****	***	<i>2</i>
c	E 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 2017?	1c	2027355357	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)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
-	before 2017? Yes X No			
	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	200000000000000000000000000000000000000	322230000
c	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			***
	>			
32	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
h	olf "Yes," did it have excess business holdings in 2017 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 Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b	2622000	2380-2386
42	1 Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	3363		· · · · · · · · · · · · · · · · · · ·
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	\$63200\$£	X
	men and a second			

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Part VII B Statements Regarding Activities for Which F	form 4720 May Be F	Required (contin	ued)	1200 II I
5a During the year, did the foundation pay or incur any amount to	•			Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗓 No 🏻	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in section	·	(TT)	
4945(d)(4)(A)? See instructions			es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		□ 1. 8	
the prevention of cruelty to children or animals?			es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	`NT / N	
section 53.4945 or in a current notice regarding disaster assistance? See instru			'N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h				
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		_		
expenditure responsibility for the grant?	14	[/A	es 📖 No 🏻	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			8	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	ر — بر	es 🗶 No	
a personal benefit contract?		Y(es La∟.No 🎇	~ •
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		45	6b X
If "Yes" to 6b, file Form 8870.			ਿ ਦ ਾ ∦ੈ	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	88 1
b if "Yes," did the foundation receive any proceeds or have any net income attributed in the state of the sta		nagara Uighli	N/A	7b
Pairt: VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Ma	magers, migni	y	
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.	•		
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
	•	, , , , , , , , , , , , , , , , , , ,	COMPONED COM	•
1 -				
SEE STATEMENT 12		0.	0.	0.
•				
	,		•	`
	•	·		
•	,	<u> </u>		
	•			
		-		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	[/ ₄)	
(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	(e) Expense : account, other allowances
NONE	devoted to position		compensation	allowalices
110112				
				,
· · · · · · · · · · · · · · · · · · ·		1		l
	•			
		· . ,		
•		<u> </u>		
Total number of other employees paid over \$50,000				0

3 Five highest-paid independent contractors for professional services. If none, enter "NONE	n •	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2)),	,
The Laurence of others recovered over CEO 000 for professional comment		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A: Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform	nation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	1	,
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 ar	d 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	463,231.
	Average of monthly cash balances	1b	353,701.
	Fair market value of all other assets	1c	672,239.
d	Total (add lines 1a, b, and c)	1d	1,489,171.
	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	1,489,171.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	22,338.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,466,833.
6	Minimum investment return. Enter 5% of line 5	6	73,342.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	ıd certaii	1
1	Minimum investment return from Part X, line 6	1	73,342.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 4, 182.		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
		2c	4,182.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	69,160.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	69,160.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	69,160.
=	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	, ;	E 6 E 6 0 0
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	565,580.
	Program-related investments - total from Part IX-B	1b 2	<u></u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	565,580.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	363,360.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		4,182.
e	Income. Enter 1% of Part I, line 27b	6	561,398.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	taguues	ior the Section

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				69,160.
2 Undistributed income, if any, as of the end of 2017	· ·			
a Enter amount for 2016 only			Õ.	
b Total for prior years:				
g rotarior prior yours.		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
bFrom 2013				
c From 2014		,		
dFrom 2015 196,619.				
eFrom 2016 1,961.				•
f Total of lines 3a through e	198,580.			
4 Qualifying distributions for 2017 from	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
Part XII, line 4: ▶\$ 565,580.				
a Applied to 2016, 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 2017 distributable amount				69,160.
e Remaining amount distributed out of corpus	496,420.			02,2001
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	695,000.			
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 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				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 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.	60- 50-			
Subtract lines 7 and 8 from line 6a	695,000.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015 196,619.				
dExcess from 2016 1,961.				
e Excess from 2017 496,420.			<u> </u>	

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year DOVE RECOVERY HOUSE PC CONTRIBUTION TO SUPPORT PROGRAMS THAT 3551 N MERIDIAN ST. PROVIDE SERVICES TO INDIANAPOLIS, IN 46208 WOMEN IN RECOVERY. 5,400. GLEANERS FOOD BANK OF INDIANA INC. ÞС COMMUNITY ACTION 3737 WALDEMERE AVENUE RELIEF EFFORT (CARE) INDIANAPOLIS, IN 46241 8,150. OUTREACH, INC. ÞC CONTRIBUTION TO 2146 E NEW YORK STREET SUPPORT PROGRAMS AND INDIANAPOLIS, IN 46201-3322 SERVICES FOR THE HOMELESS YOUTH IN INDIANAPOLIS. 8,350. SHEPHERD COMMUNITY INC. PC IN SUPPORT OF PROGRAMS 4107 E WASHINGTON STREET THAT BENEFIT THE DISADVANTAGED INDIANAPOLIS, IN 46201 COMMUNITY WITH ACTIVITIES SUCH AS 500,000. ÞС SHEPHERD COMMUNITY INC. CONTRIBUTION TO THE 4107 E WASHINGTON STREET 46201 PROJECT INDIANAPOLIS, IN 46201 5,050. SEE CONTINUATION SHEET(S) ▶ 3a 560,000. Total b Approved for future payment NONE Total ➤ 3b

nter gross amounts unless otherwise indicated.	Unrelated l	ousiness income		y section 512, 513, or 514	(e)
3	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a	_				
b	_				·
c	_				
d	_				
e	_				
f	_				
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	26,926.	
Net rental income or (loss) from real estate:		,	· ·	4	,
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income		····	14	1,617.	
Gain or (loss) from sales of assets other			+		
than inventory			18	30,807.	
Net income or (loss) from special events				•	
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
p.					
С	-				
d					
e					
Subtotal. Add columns (b), (d), and (e)	7 9	l	0.	59,350.	(
Total. Add line 12, columns (b), (d), and (e)				13	59,350
ee worksheet in line 13 instructions to verify calculations.)				
art XVI-B Relationship of Activities	s to the Accon	nplishment of	Exempt Pu	ırposes	
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the				importantly to the accomp	lishment of
¥	,	, , , , , , , , , , , , , , , , , , ,			

ine No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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

1 -Dic	I the org	ganization directly or indir	rectly engage in any	of the followin	g with any other organization	n described in section	on 501(c)		Yes	No
(ot	her thar	n section 501(c)(3) organ	nizations) or in sectio	on 527, relating	g to political organizations?					1
a Tra	insfers t	from the reporting found	ation to a noncharita	ible exempt or	ganization of:					
(1)	Cash							1a(1)		X
(2)	Other	assets						1a(2)		Х
b Oth	er trans	sactions:								
(1)	Sales	of assets to a noncharital	ble exempt organıza	tion				1b(1)		X
(2)	Purch	ases of assets from a no	ncharitable exempt o	organization				1b(2)		X _
(3)	Renta	l of facilities, equipment,	or other assets			1b(3)		X		
(4)	Reimb	oursement arrangements						1b(4)		X
		or loan guarantees						1b(5)		X
(6)	Perfor	rmance of services or me	mbership or fundrai	sing solicitatio	ns			1b(6)		X
		facilities, equipment, ma						1c		X
					dule. Column (b) should alv				ets,	
		-			ed less than fair market valu	e in any transaction	or sharing arrangement, sh	ow in		
) the value of the goods,				T (n				
(a)Line n	٥	(b) Amount involved	(c) Name o		exempt organization	(d) Description	of transfers, transactions, and si	haring arra	angeme	nts
				N/A						
						-				
				· · · · · · · · · · · · · · · · · · ·						
	+					+				
	+									
	+			.		+				
		-								
	-		<u>1</u>							
							- · · · · · · · · · · · · · · · · · · ·			
	1									
				············				•		
	\neg									
2a is i	he foun	idation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organiz	ations described				
ın s	section	501(c) (other than sectio	n 501(c)(3)) or in se	ection 527?				Yes	X] No
b If"	Yes," co	mplete the following sch								
		(a) Name of org	janization		(b) Type of organization	(c) Description of relationsh	ip		
		N/A								
	Under	nenalties of person 1 dealers	that I have evamined th	is return includes	g accompanying schedules and	statements and to the 1	hest of my knowledge			
Sign					n taxpayer) is based on all inform		• • Mav	the IRS d	scuss t	his er
Here		Mr.	$T \cap A$	4	11-14-18	2 100		n with the	See in:	7 .
	Sign	ature of officer or trustee	I. Koller	\(\pi\)	Date	Title	ctotany IX	Yes		J No
	Joign	Print/Type preparer's na		Preparer's si		Date	Check if PTIN		_	
		KAREN C. M		ZAI	MINIM	1	self- employed			
Paid		CPA	in on ,	KAREN	C. MINTON,	08/13/18		064	765	
Prep	arer	Firm's name ▶ CLI	FTONLARSO	NALLEN		23, 13, 10	Firm's EIN ▶ 41-07			
Use (- 			,		
	•	Firm's address ▶ 93	65 COUNSE	LORS R	OW, STE 200					
			DIANAPOLI		46240		Phone no. (317)	574	-91	00
				- · · · · · · · · · · · · · · · · · · ·				m 990	_	

CONTINUATION	FOR	990-	-PF,	PART
35-1754670	P.	AGE	1	OF

(a) List and 2-story br	describe the kind(s) of property sol rick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
ta PUBLICLY TRADE	D SECURITIES		D	03/24/17	03/24/17
b PUBLICLY TRADE					12/31/17
c INTERNATIONAL	VALUE INVESTMENT	K-1	P		12/31/17
	VALUE INVESTMENT		P		12/31/17
e PUBLICLY TRADE	D SECURITIES				03/16/17
f CAPITAL GAINS	DIVIDENDS	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
g				<u> </u>	
h					····
ı					
J		*			
k					
I					
m					·
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)	
a 499,510.		137,575.	***		361,935.
b 114,578.	·····	99,229.			15,349.
c 2,408.			· ·		2,408.
d 397.			······································	··	397.
e 107.			····		107.
f 13,681.					13,681.
g					
h					
1					
1		,			
k					
T T					
m					
n		***			
0					
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Lo	sses (from col. (h))	
//\F.A.\\6.40.404.00	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess	of col. (h) gain ovei	col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	but r	ot less than "-0-")	
a					361,935.
b					15,349.
С			_		2,408.
d					397.
e				-	107.
f					13,681.
g					
h					
ı				•	
1					
k		-			
1			-		
m		· -			
n					-
0					
2 Capital gain net income or (net ca	pital loss) { If gain, also enter "-0"	in Part I, line 7	2		393,877.
3 Net short-term capital gain or (los		, I			
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c).	}	3	N/A	

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient THE OAKS ACADEMY, INC. TRUE EDUCATION 2301 N PARK AVENUE CAMPAIGN AND INDIANAPOLIS, IN 46205 SCHOLARSHIP SUPPORT 8,000. SALVATION ARMY PC GIFTS IN SUPPORT OF 3100 NORTH MERIDIAN STREET GENERAL OPERATING INDIANAPOLIS, IN 46208 PROGRAMS WHICH PROVIDE FOOD SHELTER AND OTHER SERVICES TO 5,225. SERVANTS AT WORK, INC. PC IN SUPPORT OF THEIR MISSION TO BUILD 8811 ROBBINS ROAD WHEELCHAIR RAMPS FOR INDIANAPOLIS, IN 46268-1026 PERSONS WITH DISABILITIES AND WITH 5,350. PC CONTRIBUTION TO GENNESARET FREE CLINICS SUPPORT THE FREE 615 N ALABAMA STREET, STE B INDIANAPOLIS , IN 46204 CLINIC THAT PROVIDES MEDICAL AND DENTAL CARE TO THE HOMELESS 5,000. HURRICANE HARVEY (TX) PC PRESBYTERIAN CHURCH (U.S.A.) 100 WITHERSPOON STREET RESPONSE 5,000. LOUISVILLE, KY 40202-1396 JOHNSON COUNTY PUBLIC LIBRARY РC SUMMER LEARNING 49 E. MONROE STREET PROGRAM SUPPORT 4,350. FRANKLIN, IN 46131 PC SPECIAL OLYMPICS INDIANA CONTRIBUTION TO THE 6200 TECHNOLOGY CENTER DRIVE, STE 105 SUPPORT OF PROGRAMS THAT SERVE ATHLETES INDIANAPOLIS, IN 46278 WITH INTELLECTUAL DISABILITIES IN 125. 33,050. Total from continuation sheets

Part XV Supplementary Information
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution
NAME OF RECIPIENT - SHEPHERD COMMUNITY INC.
IN SUPPORT OF PROGRAMS THAT BENEFIT THE DISADVANTAGED COMMUNITY WITH
ACTIVITIES SUCH AS BUILDING NEW HOMES, REPAIRING EXISTING HOMES,
PLANTING BACKYARD GARDENS, AND PROVIDING AFTER-SCHOOL AND SUMMER
PROGRAMS FOR CHILDREN.
·
NAME OF RECIPIENT - SALVATION ARMY
GIFTS IN SUPPORT OF GENERAL OPERATING PROGRAMS WHICH PROVIDE FOOD,
SHELTER AND OTHER SERVICES TO THOSE IN NEED.
NAME OF RECIPIENT - SERVANTS AT WORK, INC.
IN SUPPORT OF THEIR MISSION TO BUILD WHEELCHAIR RAMPS FOR PERSONS WITH
DISABILITIES AND WITH AGE RELATED CONDITIONS.
NAME OF RECIPIENT - GENNESARET FREE CLINICS
CONTRIBUTION TO SUPPORT THE FREE CLINIC THAT PROVIDES MEDICAL AND
DENTAL CARE TO THE HOMELESS OR THOSE UNABLE TO AFFORD IT.
NAME OF RECIPIENT - SPECIAL OLYMPICS INDIANA
CONTRIBUTION TO THE SUPPORT OF PROGRAMS THAT SERVE ATHLETES WITH
INTELLECTUAL DISABILITIES IN INDIANA.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2017

THURSTON FOUNDATION, INC.

Employer identification number

35-1754670

Organiz	ation type (check o	ne)·
Filers of	f:	Section:
Form 99	0 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		•
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.
General	Rule	
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ir, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose Don't cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mi	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

THURSTON	FOUNDATION,	INC.
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35-1754670

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELEANOR L. THURSTON 8505 WOODFIELD CROSSING, APT. 125 INDIANAPOLIS, IN 46240	\$500,645. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THURSTON FOUNDATION, INC.

35-1754670

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	365 SHARES OF RAYTHEON COMPANY		,
		\$\$55,416.	03/24/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	38 SHARES OF ALPHABET CL C		
		\$ 30,986.	03/24/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	39 SHARES OF ALPHABET CL A		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	03/24/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1450 SHARES OF MASTERCARD INC		
		\$\$	03/24/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	2250 SHARES OF TIME WARNER INC		
			03/24/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-01-	17	Schedule R /Form 9	90, 990-EZ, or 990-PF) (2017

Page	4
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(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM 990)-PF (GAIN OR (LOSS) F	ROM SALE	OF	ASSETS		STA	TEMENT	1
DESCRIPT	(A) TION OF PROPERTY	?		i	MANNER ACQUIRED		TE IRED	DATE SO	OLE
PUBLICLY	TRADED SECURIT	PIES		_		03/2	4/17	03/24	/17
	(B) GROSS	(C) VALUE AT´	(D) EXPENSE	OF	(E)		G3 T3	(F)	~
_	SALES PRICE	TIME OF ACQ.	SALE		DEPRE	·	GAIN	OR LOSS	స —
	499,510.	500,645.		0	•	0.		, -1,13	35.
	(A) TION OF PROPERTY				MANNER ACQUIRED	ACQU	TE	DATE SO	
PUBLICLY	TRADED SECURIT	PIES				VARI	ous	12/31,	/17
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)			(F)	
_	SALES PRICE	OTHER BASIS	SALE		DEPRE	C.	GAIN	OR LOSS	3
	114,578.	99,229.		0	•	0.		15,34	19.
DESCRIPT	(A) TION OF PROPERTY	?		j	MANNER ACQUIRED		TE IRED	DATE SO	OLI
INTERNAT	TIONAL VALUE IN	 VESTMENT K-1		PI	URCHASED	VARI	ous	12/31,	/17
	(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)			(F)	
	SALES PRICE	OTHER BASIS	SALE		DEPRE	c.	GAIN	OR LOSS	3
_	2,408.	0.		0	•	0.		2,40	08.

TO PART I, LINE 4

40,607.

· (A) DESCRIPTION OF PROP	ERTY				ANNER QUIRED			DATE SO	DLD
INTERNATIONAL VALUE	INVESTMENT	K-1		PUR	CHASED	VARI	ous	12/31,	/17
(B) GROSS SALES PRIC	(C) COST E OTHER B	OR	(D) EXPENS SAL	SE OF	(E)	C.	GATI	(F) N OR LOSS	3
	97.	0.		0.		0.			97.
(A) DESCRIPTION OF PROP	ERTY				ANNER QUIRED		TE IRED	DATE SO	OLD
PUBLICLY TRADED SEC	URITIES					VARI	ous	03/16,	/17
(B) GROSS SALES PRIC		OR	(D) EXPENS SAI	SE OF	(E) DEPRE	C.	, GAII	(F) N OR LOSS	S
1	07.	0.		0.		0.		10	07.
CAPITAL GAINS DIVID				0.		0.		13,68	
	ENDS FROM PA	RT IV		0.		0.			81.
CAPITAL GAINS DIVID	ENDS FROM PA	RT IV		0.		0.		13,68	81.
CAPITAL GAINS DIVID	ENDS FROM PA	RT IV	'EREST F		CURITIE		ST	13,68	81.
CAPITAL GAINS DIVID	ENDS FROM PA	RT IV	'AL IS		E NET		ST-	13,68	81. 07.

13,681.

26,926.

26,926.

FORM 990-PF	OTHER I	NCOME		STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCON	
OTHER INCOME - INTERNATIONAL FUND LLC OTHER INCOME - DEFERRED INCOM		1,429.	1,429.		
PREFERRED STOCK	IE.	188.	188.		
TOTAL TO FORM 990-PF, PART I,	LINE 11	1,617.	1,617.		
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	<u> </u>
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
TAX PREPARATION FEES	5,250.	0	•	5,25	<u> </u>
TO FORM 990-PF, PG 1, LN 16B	5,250.	0	•	5,25	50.
	1.2 1				
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	CHARITA	
MSC FEES/DUES INVESTMENT MANAGER FEES	330. 2,592.			33	30.
TO FORM 990-PF, PG 1, LN 16C	2,922.	2,592	•	33	30.

FORM 990-PF	TAX	ES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
FOREIGN TAX	581.	581.		_	0.
PRIOR YEAR EXCISE TAX - ESTIMATED TAX PAYMENTS	510. 720.	0. 0.			0. 0.
TO FORM 990-PF, PG 1, LN 18	1,811.	581.			0.
FORM 990-PF	OTHER E	XPENSES	-	STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS				
PORTFOLIO DEDUCTIONS - INTERNATIONAL VALUE INVESTMENTS, LLC	1,039.	1,039.			0.
TO FORM 990-PF, PG 1, LN 23	1,039.	1,039.			0.
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER DECREAS			BALANCES	STATEMENT	8
TO FORM 990-PF, PG 1, LN 23	ES IN NET AS	SETS OR FUND 1	BALANCES	STATEMENT AMOUNT 3,8 6,6	8 94.
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER DECREAS DESCRIPTION CORPORATE BOND BASIS ADJUSTM	ES IN NET AS ENT IS ADJUSTMEN	SETS OR FUND 1	BALANCES	AMOUNT	94.
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER DECREAS DESCRIPTION CORPORATE BOND BASIS ADJUSTM INTERNATIONAL VALUE FUND BAS	ES IN NET AS ENT IS ADJUSTMEN	SETS OR FUND		AMOUNT. 3,8 6,6	94.
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER DECREAS DESCRIPTION CORPORATE BOND BASIS ADJUSTM INTERNATIONAL VALUE FUND BAS TOTAL TO FORM 990-PF, PART I	ES IN NET AS ENT IS ADJUSTMEN II, LINE 5	SETS OR FUND		AMOUNT . 3,8 6,6	94.
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF OTHER DECREAS DESCRIPTION CORPORATE BOND BASIS ADJUSTM INTERNATIONAL VALUE FUND BAS TOTAL TO FORM 990-PF, PART I FORM 990-PF	ES IN NET AS ENT IS ADJUSTMEN II, LINE 5 CORPORAT PFD AL PFD AL PFD L PFD	SETS OR FUND I		AMOUNT 3,8 6,6 10,5 STATEMENT FAIR MARKE	94. 98. 92. 97. 95.

FORM 990-PF C	ORPORATE BONDS		STATEMENT 10		
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE		
GS BANK US 1.2% DUE 2/27/18	-	19,759.	19,997.		
GS BANK US 5.05% DUE 6/18/18		10,149.	10,138.		
DISCOVER BK 2.05% DUE 9/25/18	SCOVER BK 2.05% DUE 9/25/18				
	CAN EXPR CENTURION 2.1% DUE 10/10/18				
GE MONEY BK 5.15% DUE 12/11/18	· · ·				
EVERBANK 1.45% DUE 01/17/19	ERBANK 1.45% DUE 01/17/19				
FARMERS ST BK 4.0% DUE 1/22/19	10,212.				
GS BANK US 3.9% DUE 2/19/19	15,306.				
CIT BANK 4.0% DUE 3/18/19	15,356.				
CIT BANK 3.95% DUE 5/28/19	15,404.				
WELLS FARGO BANK 1.25% DUE 6/03/1	9,977.				
BONANZA VLY 3.8% DUE 6/24/19	12,273.				
BANKWEST INC 2.0% DUE 7/30/19	9,077.	. 9,014.			
ALLY BANK 1.2% DUE 8/12/19	14,988.	. 14,803.			
DISCOVER BANK 2.15% DUE 8/20/19		15,112.	15,021.		
AMERICAN EXPRESS CENTURION 3.85% DUE 9/16/19		5,186.	5,161.		
GE CAP FINL 3.9% DUE 9/25/19		10,314.			
SALLIE MAE 2.15% DUE 10/22/19		16,015.	16,036.		
STATE BANK OF INDIA NY NY 2.2% DU		25,378.	25,097.		
AMERICAN EXPR CENTURION 2.2% DUE	12/04/19	17,138.	16,890.		
COMMERCIAL BK 3.65% DUE 1/27/20	20,525.	20,661.			
DISCOVER BK 2.00% DUE 5/20/20	15,014.				
AMERICAN EXPR CENTURION 2.25% DUE 6/17/20		10,156.			
AMERICAN EXPR CENTURION 2.35% DUE 7/15/20		5,021.			
DISCOVER BANK 2.3% DUE 7/22/20	6,105.				
DISCOVER BANK 2.35% DUE 8/19/20	21,406.				
CIT BANK 2.65% DUE 11/6/20	12,239.				
CAPITAL ONE NA 2.2% DUE 6/14/21	12,124.				
WELLS FARGO BANK 1.65% DUE 9/14/21		16,637.	16,451		
GE CAP CORP INTERNOTES 5.05% DUE 4/15/27		5,819.	5,510.		
TOTAL TO FORM 990-PF, PART II, LINE 10C		397,271.	395,316.		
FORM 990-PF OT	HER INVESTMENTS		STATEMENT 11		
	VALUATION		FAIR MARKET		
DESCRIPTION	METHOD	BOOK VALUE	VALUE		
EATON VANCE PARAMETRIC EMERGING	COST				
MKTS - INSTL CL		52,270.	58,366.		
	COST	100,578.	124,251.		
FPA CRESCENT	COSI	200,0,00	TAT, 451.		
FPA CRESCENT GROWTH FUND OF AMERICA - CL F2	COST	29,041.	43,489.		

THURSTON FOUNDATION, INC.			3	5-1754670
ROYCE SPECIAL EQUITY - INV CL VANGUARD DIV GROWTH INVESTOR INTERNATIONAL VALUE INV LLC	COST COST COST	25,0 51,5 97,3	01.	24,505. (83,112. (145,502.
TOTAL TO FORM 990-PF, PART II, L	SINE 13	496,520. 627,669.		
	ST OF OFFICERS, D D FOUNDATION MANA		STAT	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
ELEANOR L THURSTON 8505 WOODFIELD CROSSING, #125 INDIANAPOLIS, IN 46240	PRESIDENT/TREA	SURER 0.	0.	0.
TIM THURSTON 902 N SHORE BLVD FRANKLIN, IN 46131	DIRECTOR 1.00	0.	0.	0.
ANN THURSTON 12524 BENT OAK LANE INDIANAPOLIS, IN 46236	DIRECTOR 1.00	0.	0.	0.
MARCIA THURSTON ROBERTS 5307 WOODFIELD S DRIVE CARMEL, IN 46032	SECRETARY 1.00	0.	0.	0.
JIM THURSTON 8838 OVERLOOK COURT ST. JOHN, IN 46373	DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

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