Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury

► Go to www irs gov/Form990for instructions and the latest information

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<u>A</u> F	or the	2017		year, or tax y	ear beginning	<u> </u>	07	<u>/01,2017</u>	, and endin	g	55		30,20 18
Вс	heck if app	plicable		f organization	/						D Employeride	entificati	on number
	Addres		_	•	IV VEBA/	<u>VANGUARD</u>	INDEX				25 646		
	change			usiness as	0 56	not delivered to		1	I Danes (2004)		35-649 E Telephone nu		
	┪	change	l		O DOX II III ali is	s not delivered to	street addre	35)	Room/suite	,			.00
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<u> </u>	termin	ated					jn postal cou	e			C Cross sees on	- 6	40 600 100
-	return			UKEE, WI nd address of pr			7 C 7 D O				G Gross receipt H(a) Is this a gro		40,602,182. for Yes X No
L	pendin		i Waine ai	na address of pr	incipal officei	SAME	AS ABO	VE		ا۔	subordinate	s?	H H
	Tay ay	empt sta	200	T-01/-V2V	X 501(c) (9) ∢ (insi		4947(a)(1)		27	H(b) Are all subord		t (see instructions)
			N/A	501(c)(3)	A 50 1(c) (J J ◀ (Insi	ert no)	1 4947(a)(1)	or 3	"···	H(c) Group exem		
		-	IZation	Corporation	X Trust	Association	Other		l I Vear	of format	ion 1988 M		
	rt I		mmary	Corporation	Alliust	Association	Other		T L Teal	Or Ioiiiiat	1011 1 J O Q IVI	State Of	regardonnene IIV
				the organization	n'e mission o	r most significa	ant activitie	····					
•	'			_		RTAIN ME			S				-
an Ce		10 1	ROVID	D I ONDIN	O TON CL	MININ III	DICIND .	DDMD1 11	<u> </u>				····
Activities & Governance	2	Check	this box	▶ ☐ If the	organization	discontinued it	s operation	s or dispose	ed of more th	han 25%	of its net asse	ts	
Š					-	body (Part VI,	•					3	1
æ				-		the governing		VI. line 1b)	REC	CIVE	D	4	1
ies				·-		endar year 201		اميا				5	NONE
Ęį						ssary)		اشا	MAY	2 0 20	19 0	6	NONE
Ac				•		VIII, column (C)			<u> </u>		SS.	7a	NONE
	b	Net un	related bu	usiness taxable	income from	Form 990-T, I	ine 34		000	ENL		7b	NONE
								L_	000	<u> </u>	Prior Year		Current Year
a)	8	Contri	butions an	nd grants (Part	VIII, line 1h)					,			
ğ	9	Progra	ım service	revenue (Part	VIII, line 2g)						6,500,0	00	
Revenue	10	Invest	ment incoi	me (Part VIII, d	column (A), lır	nes 3, 4, and 7	d)				13,642,8		<u>13,502,778</u> .
-	11	Other	revenue (F	art VIII, colum	nn (A), lines 5,	, 6d, 8c, 9c, 10	c, and 11e)			381,4	71	<u>855,731</u> .
	12	Total r	evenue - a	dd lines 8 thre	ough 11 (mus	t equal Part VII	II, column (A), line 12) .	<u></u>		20,524,3	357	<u>14,358,509</u> .
	13	Grants	and simil	ar amounts pa	ııd (Part IX, co	lumn (A), lines	1-3)						
			•			umn (A), line 4							
es	15	Salarıe	es, other co	ompensation,	employee ber	nefits (Part IX, d	column (A),	lines 5-10),		•	210,5	43	<u>45,567</u> .
Expenses				•		ın (A), line 11e				•			
X			-	•		(D), line 25) ▶			<u>NE</u>	-			500 000
_			•			1a-11d, 11f-24					397,5		<u>592,883</u> .
			•		•	l Part IX, colun					608,1		638,450.
2 8		Reven	ue less ex	penses Subtra	act line 18 fro	m line 12	· · · · · ·		<u></u>		19,916,2 ning of Current		13,720,059. End of Year
ts o										_ · · · · ·	210,158,5		223,234,685.
Assets c Balance	20									•		IONE	NONE
a et	2			Part X, line 26				• • • • •		٠	210,158,5	-	223,234,685.
Zi	122 11		nature E		ubtract line 2	1 from line 20	<u></u>	· · · · · ·	· · · · · · ·		210,130,	7071	
					nave examined	this return, inclu	ding accomi	panying sched	dules and stat	tements, a	nd to the best of	of my kr	nowledge and belief, it is
tru	e, corre	ct, and	complete [eclaration of pr	eparer (other th	an officer) is bes	ed on all info	rmation of wh	hich preparer	has any kr	nowledge		
			\mathcal{A}	11844	· 1	Vice to	2				05/	15/20)19
Sig	n		Signature o	of officer			,				Date		
He	re	N 1	U.S. B	BANK, N.A	. BY:. T	TRUSTEE							
			Type or prin	nt name and title	;				•				
		Print/	Туре ргера	rer's name		Preparer's sig	nature	10	Date		Check	(If P	TIN
Paid		Jos:	EPH J.	CASTRIA	NO	1	رير	UL.	<u> </u>	5/201	self-emplo	yed	P01251603
	parer					COOPERS	LLP				Firm's EIN	13-4	1008324
	Only	Firm's	s address 🕨	600 GRA	NT STREE	ET; PITTS	BURGH,		219		Phone no	412	-355-6000
Ma	y the					er shown abo	ve? (see i	nstructions	;)		<u></u>		X Yes No
For	Paper	work	Reduction	Act Notice, s	ee the separa	te instruction	s.						Form 990 (2017)

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Form	990 (2017)				Page 2
Pai		ment of Program Service k if Schedule O contains a		rt ,	
	Briefly describ	e the organization's mission			
	prior Form 990 If "Yes," descri	0 or 990-EZ? be these new services on S			'es X No
	services?		, or make significant changes in		'es X No
4	Describe the expenses Sec	organization's program section 501(c)(3) and 501(c)	rvice accomplishments for each of	its three largest program services, as port the amount of grants and allocation	
)(Expenses \$ E FUNDING FOR CERT R SPOUSES	including grants of \$ AIN MEDICAL BENEFITS TO) (Revenue \$ ELIGIBLE EMPLOYEES)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	- .				
		-			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	Other progran	n services (Describe in Sche including gr		ue \$)	
		service expenses			



Part	Checklist of Required Schedules			NI.
	In the constitution of the first term (0.4/4/0) as 40.47/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
2	complete Schedule A	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	\vdash	_^
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		١
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	\vdash	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	- -		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes,"			
	complete Schedule D, Part VI	11a	\sqcup	_X_
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	\vdash	Х
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			.,
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		v
_	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d 11e	\vdash	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		_^
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1 f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	\sqcup	X
14a		14a	\sqcup	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	\vdash	_^
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_ x_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
		Form	990	(2017)

Part I	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			**
	disqualified persons? If "Yes," complete Schedule L, Part II	26		_ X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		v
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2		28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		_ X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	7,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		v
		35b		<u> X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	-	
50	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

ar	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ــــــــــــــــــــــــــــــــــــــ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and			- ⁻
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	_		-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			''
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			: ا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			'
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			'
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		.,	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ <u>.</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	ļ		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax yea If there are material differences in voting rights among members of the governing the governing body delegated broad authority to an executive committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independer committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independer Did any officer, director, trustee, or key employee have a family relationship or a any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily perfor supervision of officers, directors, or trustees, or key employees to a management cor 4 Did the organization become aware during the year of a significant diversion of the officers of the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to stockholders, or persons other than the governing body? 5 Did the organization contemporaneously document the meetings held or written the year by the following. a The governing body? b Each committee with authority to act on behalf of the governing body? c b Each committee with authority to act on behalf of the governing body? b If "Yes," did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the affiliates, and branches to ensure their operations are consistent with the organization become their operations are consistent with the organization become their operations are consistent with the organization become their operations are consistent of the organization to review this Formal policies in Schedule O the process, if any, used by the organization to review this Fo	ar	1 Ip with ip with addrect appoint appoint	2 3 4 5 6 7a 7b	Yes	No X X X X X X X X X X X X X X X X X X X
1a Enter the number of voting members of the governing body at the end of the tax yea If there are material differences in voting rights among members of the governing in the governing body delegated broad authority to an executive committee committee, explain in Schedule 0 be Enter the number of voting members included in line 1a, above, who are independent of the process of the governing body officer, director, trustee, or key employee have a family relationship or any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily perform supervision of officers, directors, or trustees, or key employees to a management cord bid the organization make any significant changes to its governing documents since the prior Found the organization have members or stockholders? 7a Did the organization have members or stockholders? 7b Did the organization have members or stockholders, or other persons who had the one or more members of the governing body? 6 Are any governance decisions of the organization reserved to (or subject the stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written the year by the following. 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, the organization's mailing address? If "Yes," provide the names and addresses in Schi Section B. Policies (This Section B requests information about policies not required by the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the affiliates, and branches to ensure their operations are consistent with the organization becomes their operations are consistent with the organization becomes the operations are consistent with the organization becomes the operations are consistent with the organization have a written conflict of interest policy? If "No," go to line 13 become to school the orga	ar	1 Ip with ip with addrect appoint appoint	2 3 4 5 6 7a 7b 8a 8b	Yes XXX	X X X X X X X
1a Enter the number of voting members of the governing body at the end of the tax yea If there are material differences in voting rights among members of the governing the governing body delegated broad authority to an executive committee committee, explain in Schedule 0 b Enter the number of voting members included in line 1a, above, who are independent of Did any officer, director, trustee, or key employee have a family relationship or an any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily perform supervision of officers, directors, or trustees, or key employees to a management consupervision of officers, directors, or trustees, or key employees to a management consupervision of officers, directors, or trustees, or key employees to a management consupervision of officers, directors, or trustees, or key employees to a management consupervision have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject the stockholders, or persons other than the governing body? But the organization contemporaneously document the meetings held or written the year by the following. The governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing bod	ng body, or or similar nt	e direct on? appoint ambers, during ched at	3 4 5 6 7a 7b 8a 8b	X X	X X X X X X
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b Enter the number of voting members included in line 1a, above, who are independer Did any officer, director, trustee, or key employee have a family relationship or a any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily perform supervision of officers, directors, or trustees, or key employees to a management core bid the organization make any significant changes to its governing documents since the prior FD ind the organization become aware during the year of a significant diversion of the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject its stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written the year by the following. The governing body? Each committee with authority to act on behalf of the governing body? Bis there any officer, director, trustee, or key employee listed in Part VII, Section A, the organization's mailling address? If "Yes," provide the names and addresses in Scholescholes (This Section B requests information about policies not required by the organization have local chapters, branches, or affiliates? Did the organization have a complete copy of this Form 990 to all members of its of the process, if any, used by the organization to review this following be Describe in Schedule O the process, if any, used by the organization to review this following the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annuarise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a w	a business relationshumber of the mpany or other personal street of the mpany or other personal street or the manual street or the manual street or other t	e direct on? appoint ambers, during ched at	3 4 5 6 7a 7b 8a 8b	X)	X X X X X
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any other officer, director, trustee, or key employee?	med by or under the mpany or other person some series of such circles of such	e direct on? appoint ambers, during ched at	3 4 5 6 7a 7b 8a 8b	X)	X X X X
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one or more members of the governing body?	to approval by) me	embers, during ched at ched at	7b 8a 8b 9	X)	X
b Are any governance decisions of the organization reserved to (or subject to stockholders, or persons other than the governing body?	to approval by) me	embers, during ched at	7b 8a 8b 9	X)	X
stockholders, or persons other than the governing body?	, who cannot be rea	during ched at	8a 8b 9	X)	
8 Did the organization contemporaneously document the meetings held or written the year by the following. a The governing body?	, who cannot be rea ledule O	during ched at Revenue	8a 8b 9	X)	
the year by the following. The governing body?	, who cannot be rea redule O	ched at	8b 9 Code	X)	
a The governing body?	, who cannot be rea edule O red by the Internal i	ched at	8b 9 Code	X)	X
b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, the organization's mailing address? If "Yes," provide the names and addresses in Schologo Section B. Policies (This Section B requests information about policies not required. 10a Did the organization have local chapters, branches, or affiliates?	, who cannot be rea edule O red by the Internal i	ched at	8b 9 Code	X)	X
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the organization's mailing address? If "Yes," provide the names and addresses in School Section B. Policies (This Section B requests information about policies not required to be a section B. Policies (This Section B requests information about policies not required to be a section B. Policies (This Section B requests information about policies not required to be a section by the organization have local chapters, branches, or affiliates?	redule O	 Revenue (Code		<u>X</u>
 Did the organization have local chapters, branches, or affiliates?	red by the Internal i	Revenue (Code		
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 b If "Yes," did the organization have written policies and procedures governing the affiliates, and branches to ensure their operations are consistent with the organization. 11a Has the organization provided a complete copy of this Form 990 to all members of its governing. b Describe in Schedule O the process, if any, used by the organization to review this Form. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	activities of such cl				<u>X</u>
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 b Describe in Schedule O the process, if any, used by the organization to review this Formula Did the organization have a written conflict of interest policy? If "No," go to line 13. b Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?			11a		X
 Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	• •	form? ·	110		 _
 b Were officers, directors, or trustees, and key employees required to disclose annuarise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include 		ľ	12a		\overline{X}
rise to conflicts?			120		
 c Did the organization regularly and consistently monitor and enforce compliance describe in Schedule O how this was done			12b		
describe in Schedule O how this was done		· · · · · [120		
 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include 			120	. 1	
 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include 		II	12¢ 13		X
15 Did the process for determining compensation of the following persons include			14		$\frac{\Lambda}{X}$
			-14		
independent percent comparability data and contemperations of the					i
					
a The organization's CEO, Executive Director, or top management official			15a		X
b Other officers or key employees of the organization		}	15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a Did the organization invest in, contribute assets to, or participate in a joint vent					ئيب
with a taxable entity during the year?			16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the				,	.
participation in joint venture arrangements under applicable federal tax law, and					1
organization's exempt status with respect to such arrangements?		· · · · ·	16b		
Section C. Disclosure					
17 List the states with which a copy of this Form 990 is required to be filed >	·		<u> </u>		
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applical		(Section	501(0	1/210	only
available for public inspection. Indicate how you made these available Check all that		(Section		11/3/5	Jy /
	t apply.			31(315	J.1171
19 Describe in Schedule O whether (and if so, how) the organization made its govern	t apply. (explaın in Schedule	0)			
financial statements available to the public during the tax year	t apply. (explaın in Schedule	0)	rest		
	t apply. (explaın in Schedule	0)	rest		
20 State the name, address, and telephone number of the person who possesses the or	t apply. (explain in Schedule ning documents, conf	O) lict of inte			
State the name, address, and telephone number of the person who possesses the or US BANK, N.A. TEL: (503)464-3680 PO BOX 0634; MILWAUKE, WI 53201	t apply. (explain in Schedule ning documents, conf	O) lict of inte	s: ▶	policy	

						Page 7	
Part VII Compensation of Officers, Dire	ctors, Tr	ustees, Key	Employe	es, Highest (Compensated E		
Independent Contractors Check if Schedule O contains a respon		a any lina in thia	Dort VII				
Section A. Officers, Directors, Trustees, Key Em		•				• • • • • • • • •	
1a Complete this table for all persons required organization's tax year					dar year ending w	vith or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.							
 List all of the organization's current key emp 	loyees, if an	y See instruction	ns for defi	nition of "key em	ployee."		
• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations							
 List all of the organization's former offices \$100,000 of reportable compensation from the organization 			-	•	mployees who red	ceived more than	
 List all of the organization's former direct organization, more than \$10,000 of reportable cor 			-			or trustee of the	
List persons in the following order: individe compensated employees; and former such persons		es or directors	; institut	tional trustees,	officers, key en	nployees, highest	
Check this box if neither the organization nor	any related	organization coi	npensated	d any current offi	cer, director, or tru	stee	
		(C)					
(A)	(B)	Position		(D)	(E)	(F)	
Name and Title	Average	(do not check more		Reportable	Reportable	Estimated	
	hours per week (list any	box, unless person officer and a direct		compensation from	compensation from related	amount of other	
	hours for			the	organizations	compensation	
	related	Key empl Officer Institution Individua or directo	Former Highest c employee	organization	(W-2/1099-MISC)	from the	
	organizations	eg du lito liti	er er	(W-2/1099-MISC)	+	organization	

(A) Name and Title	Average hours per week (list any	box,	unle	neck ss pe	rsoл	than o is both or/trust	an	Reportable compensation from	(E) Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) US BANK NA	1.00		v					45 567	NONE	NONE
TRUSTEE (2)			X					45,567.	NONE	<u>NON</u> E
(3)										
(4)										
(5)							_		`	
(6)										
(7)	_									
(8)										
(9)										
(10)										
(11)										
(12)										
(13)		_								
(14)										

(A) Name and title	(B) Average hours per week (list any	(do i box, office	not ch unles er and	Pos neck ss pe d a d	c) ition more rson irecti	than o is both or/trust	ne an ee)	(D) Reportable compensation from	(E) Reportab compensatio related	ole n from	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-f		compensation from the organization and related organizations
(15)		ļ									
(16)											
(17)											
(18)			-								
(19)]	ļ								***************************************
(20)											
(21)					_						
(22)											
(23)											
(24)											
(25)					_						
1b Sub-total	Section A .		· ·	 	 		>		٠	NONE	NON
2 Total number of individuals (including but reportable compensation from the organizat		o tho	se I 0	iste	d at	oove)	wh	o received more t	han \$100,00	00 of	
3 Did the organization list any former of employee on line 1a? If "Yes," complete School	edule J for s	uch in	divi	dua	<i>l</i>						Yes No 3 X
 4 For any individual listed on line 1a, is the organization and related organizations individual 5 Did any person listed on line 1a receive 	greater tha	n \$1 	50,0		? / 	'f "Υε 	s," 	complete Sched	ule J for	such 	4 X
for services rendered to the organization? If											5 X
Complete this table for your five highest compensation from the organization. Report year	ompensated t compensat	inder	oend or th	lent ie c	co: alen	ntracto dar y	ors ear	that received mor ending with or wi	e than \$100 thin the org),000 anizatio	of on's tax
(A) Name and business a	ddress							(B) Description of se	rvices	((C) Compensation
		_					Ŧ				
							+				
	<u> </u>				_		1				
2 Total number of independent contractor received more than \$100,000 of compensa	rs (includir tion from th	ng bu e orga	ut r aniza	ot atio	lım ⊲ n	ited (to)	those listed abo	ve) who		

Par	t VIII	್ಷStatement of Reven						[
		Check if Schedule O co			y line in this Part \	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events						
	_	Total Add lines 1a-1f		▶			在1985年的1986年	运行400 0000000000000000000000000000000000
Program Service Revenue	2a b c d	<u></u>		Business Code			San	
grai	f	All other program service rev	enue					
-r	g.			>		化学的兴趣。	randiliātiā	
	3 4 5	Investment income (income do other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds .	5,149,807.			5,149,80
	6a b c	Gross rents	(ı) Real	(II) Personal				
	d 7a	Net rental income or (loss). Gross amount from sales of assets other than inventory	(i) Securities 34596644	(ii) Other				
	b c d	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)			8,352,971.			8,352,97
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18						
Ot	b c 9a	Less direct expenses Net income or (loss) from fu Gross income from gaming See Part IV, line 19	ndraising events activities					
	b c	Less direct expenses Net income or (loss) from g		, >			A CONTRACTOR OF A	
	10a b	Gross sales of inventor returns and allowances Less cost of goods sold	a					
	C	Net income or (loss) from sale . Miscellaneous Revenu		Business Code		yanggan wit		
	11a b	PARTNERSHIP INCOME OTHER INCOME		900099 900099	855,588. 143.	anemi tatnistaita.thi Di edelilai lehlekhimini.	annusch istunger Katadaan mär bed biskamban biskam	855,58 · 14
	c d	All other revenue		`,	055 721		To high have to the time of the second of th	Principle installed
JSA	. е 12	Total. Add lines 11a-11d . Total revenue. See instructio			14,358,509.	maanda maraa ee ee ah		14,358,50 Form 990 (2017)

Part IX Statement of Functional Expenses

Section	501(c)(3) and 501(c)(4)	organizations must compl	lete all columns. All oth	er organizations must c	omplete column (A).

	Check if Schedule O contains a respe	onse or note to any lin	e in this Part IX	<u>.</u>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	,			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors, trustees, and key employees	45,567.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees)	206 260			
	Management			<u> </u>	
	Legal	13,405.			
	Accounting				
	Lobbying		agis o these or a contract of the second of		
	Professional fundraising services See Part IV, line 17.	50.026	CO CAR CARCOR POPE CAR	SALE THE TOTAL THE TANK THE TANK THE	
f	Investment management fees	59,926.		<u> </u>	
g	Other (If line 11g amount exceeds 10% of line 25, column	,			
	(A) amount, list line 11g expenses on Schedule O)				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion		*		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	Tank to journal strapes groups took and the	1 m 4 m a 22 m (at x)	The digina of applying and a p	halppool to be an about the second
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	SHEET STATE			推动数据的经验
	(A) amount, list line 24e expenses on Schedule ()	机型式指示机型式设置 。专	- Printing Care And the Edition of	[6] 574000元] [4] (4] (4] (4] (4] (4] (4] (4] (4] (4] (Land the selection of the second selection of the second s
а	FOREIGN TAXES PAID	123,183.			
b					
C		<u> </u>			
d	·				
e e	All other expenses		-		
	Total functional expenses Add lines 1 through 24e	638,450.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here in following SOP 98-2 (ASC 958-720)				
JSA	10104111g 001 30 2 (A00 330-720)	l	<u> </u>		Form 990 (2017)

Part X **Balance Sheet** Beginning of year End of year 5,146. 1 7,634,504. 2 3,530,969. 2 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 8 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 10c 202,191,895 219,703,716 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 327,022. 15 210,158,567 16 223,234,685 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 18 18 19 19 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25....... NONE NONE 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Balances 27 28 28 29 or Fund Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34 Capital stock or trust principal, or current funds 210,158,567. 30 223,234,685. Assets Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 let 210,158,567. 223,234,685. 33 33 223,234,685. 210,158,567

Form 990 (2017)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990for the latest information.

Open to Public Inspection

Name of the organization Employer identification number BALL STATE UNIV VEBA/VANGUARD INDEX 35-6494459 FORM 990, PAGE 5, PART V, LINE 3B TRUSTOR IS AN EXEMPT ORGANIZATION TRUST NOT REQUIRED TO FILE FORM 990T FORM 990, PAGE 6, PART VI, LINE 11-DEION OF PROCESS FOR REVI COMPLYING WITH INTERNAL POLICIES AND PROCEDURES OF THE TRUSTEE, PREPARATION, REVIEW, AND FILING OF FORM 990 TO SATISFY TRUSTEE'S DUTY OF CARE DEION FOR MAKING DOCUMENTS PUBLIC SUBJECT TO OPEN INSPECTION AND FREEDOM OF INFORMATION ACT FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW REVIEW IS NOT REQUIRED BEFORE FILING FORM 990, PAGE 6, PART VI, LINE 18 UPON REQUEST FORM 990, PAGE 6, PART VI, LINE 19 COMPLYING WITH INTERNAL POLICIES AND PROCEDURES OF THE CORPORATE TRUSTEE. EXPLANATION FOR FORM 990, PART XI, LINE 9 MUTUAL FUND TIMING DIFFERENCE (327,022) CORP ACTION MERGERS (316,919)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

BALL STATE UNIV VEBA/VANGUARD INDEX

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2017	Open to Publig	Inspertion

OMB No 1545-0047

► Go to www irs gov/Form990for instructions and the latest information.

Employer identification number 35-6494459

Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	organization answ	ered "Yes" on Fo	ırm 990, Part IV	', line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	Bull
(1)								
(2)								
(3)								
(4)								
(2)								
(9)								
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	omplete if the organs tax year.	anization answer	ed "Yes" on For	m 990, Part IV, I	line 34, because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) 512(ntroll	d (13)
(1) SEE	S PART VII SUPPLEMENT						Yes	2
(2)								
(3)								
(4)								
(2)								
(9)								
(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

es a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, anzatrons treated as a corporation or trust during the tax year. Primary activity Lapia forming Lapia form	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Application of Related Organizations Taxable as a Partnership Complete if the organization of the organiz	d Organizations nore related orga (b) Primary activity	Taxable anization (c) Legal	s treated as a p s treated as a p (d) Direct controlling	hip. Compartnershi	omplete if thrship during it (e) Predominant prome (related,	the tax year. (f) Share of total	n answered "Yes"	(h)	35- (i) Code V - UBI	35-6494459 0) (i) (i) (ii) (iii) (iii) (iii)	S	(k) Percentage
anzatrons treated as a corporation or Trust. Complete if the organization answered "Yes" on Form 990, Permany activity Legal dennies of tongon is asset of tongon is as a corporation or trust is a corporation or trust			domicile (state or foreign	entity	incom unr exclu tax sections	re (related, related, ded from c under ; 512 - 514)				amount in box 20 of Schedule K-1 (Form 1065)			rship
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	cause it had (a)	one or more rela	ated orga	anizations treat	ed as a cc	(c)	n or trust durii (d) Direct controlling	rig the tax year. (e) Type of entity			of Per	(h) centage	(1) Section 12(b)(13)
Açes No						country)							ontrolled entity?
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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

				Voc	ź
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			L	25	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
I During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	related organizations lıst	ed in Parts II-IV?		1	-
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity				_	×
b. Gift grant or canital contribution to related organization(s)			1 b	_	×
		•	-		>
c only, grant, or capital contribution from related organization(s).			<u> </u>		1
d Loans or loan guarantees to or for related organization(s)			<u> </u>		×
e Loans or loan quarantees by related organization(s)				<u></u>	×
f Dividends from related organization(s)			#		×
Sale of accept to related organization(s)			19		×
) -		>
h Furchase of assets from related organization(s)			<u> </u>		∢ :
i Exchange of assets with related organization(s)			<u>=</u> : :		×
j Lease of facilities, equipment, or other assets to related organization(s)			<u></u>		\times
			i	!	
k Lease of facilities, equipment, or other assets from related organization(s)			<u>*</u> : :	_	\times
Performance of services or membership or fundraising solicitations for related organization(s)	•		-	_	×
m Performance of services or membership or fundraising collectations by related organization(s)				_	~
			. = : :	_	~
I Originity of facilities, equipment, maining hate, of other assets with related organizations,			: •		7
o Sharing of paid employees with related organization(s)			<u>임</u> : :		~
			La partir ann	-	i.
p Reimbursement paid to related organization(s) for expenses			<u>ਜ</u>		\sim
			19		×
r Other transfer of cash or property to related organization(s)			<u></u>		×
			<u> </u>	×	
	his line, including covere	covered relationships and transaction thresholds.	ction threshol	3.	
1	(a)	(3)	(P)		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	sterminir ivolved	ē.
(1)					
(2)					
(3)					
(4)					
(9)					
J.S.A.		Sch	Schedule R (Form 990) 2017	990) 2	2
309 2 000					

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

		- 1			- 1					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicila (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(1) Code V - UBI amount in box 20 of Schedule K-1	(J) General or managing partner?	(k) Percentage ownership
			from tax under sections 512-514)	organizations?			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Form 1065)	777	
(1)				2 C			201			
(2)										
(3)										
(4)										
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(16)										
JSA								SCP.	Schedule R (Form 990) 2017	ל 201 (1990 ב

Schedule R (Fo	orm 990) 2017	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.	-
		
		· · · · · · · · · · · · · · · · · · ·
		
 		
		-

Schedule R (Form 990) 2017

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Supplement to Schedule R, Part II, Form 990

Name of entity: BALL STATE UNIV

Address of Entity: 2000 W UNIVERSITY AVE, MUNCIE, IN 47306

Sec. 512(b)(13) Controlled Entity: No