OMB No 1545-0047

(Rev January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990for instructions and the latest information.

A Fo	r the 🏻	2019	calenda	ar year, or tax	year begini	ning		07/01,201	9, an	d ending				5/30 ,20 20				
n			C Name	of organization							D	Employeri	dentifica	ation number				
Di Che	ck if appli	icable	BALL	STATE U	NIV VĖE	BA/VANGUA	RD IN	IDEX										
	Address change	Ĺ		business as			_					<u>35-64</u>		,9				
	Name ch	nange	Numb	er and street (or	PO box if m	ail is not delivere	d to stree	et address)	Ro	om/suite	E.	E Telephone number						
	Initial re	turn	PO B	OX 0634								503 4	64-3	680				
	Final retiterminat		City o	town, state or p	rovince, cour	ntry, and ZIP or fo	oreign po	stal code										
	Amende return		MILW	AUKEE, W	I 5320	1-0634					G	Gross rece	pts \$	134,236,7				
	Applicat pending	ion [F Name	and address of	principal offic	er SAM	E AS	ABOVE			H(a	a) is this a g subordina		rn for Yes X				
									\sim	I	H(I	b) Are all sub		ncluded? Yes				
Ta	ax-exer	npt stat	tus	501(c)(3)	X 501	c)(9) 	(insert no	4947(a)(1	ı) (J	527		If "No,"	attach a	list (see instructions)				
J W	/ebsite	•	N/A					1			H(d	c) Group ex	emption n	umber 🕨				
(Fo	orm of	organiz	zation	Corporation	1 X Trust	Associatio	n C	Other >	<u> </u>	L Year of fo	ormation	2016	M State	of legal domicile IN				
Par	t l	Sun	nmary					.										
	1 B	riefly o	describe	e the organizat	tion's mission	on or most sign	ııfıcant a	ctivities										
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auc	_										- F-11 (
Activities & Governance	2 0	heck t	this box	c ▶ If th	e organizati	on discontinue	d its op	erations or dispo	ed of	mere then	25% et	ts net ass	ets					
9	3 1	łumbe	r of vot					1a)	- 1			<u>K</u>	3					
න්	4 N	lumbe	r of ind	ependent voti	ng members	of the govern	ing body	(Part VI, line 1b)	5 2	EL MAN	·07.	.):3	4					
ties								art V, line 2a)		3 JUN (1)	.8 202	21/	5	NC				
ξ								<i></i>	О <u>Г</u> .	4	><	ŕ	6	NC				
Ac	7a T	otal u	nrelated	business rev	enue from P	art VIII, columi	(C), line	e 12				<u> </u>	7a	NC				
								9		OODL	-1 V , C	, , , , , , , , , , , , , , , , , , ,	7b	NC				
1			0.0.0				1	RECE	=1\/!		Р	rior Year		Current Year				
	8 0	ontrib	utions	and grants (Pa	rt VIII. line 1	1h)		NEOL	- 1 \' 	:	1							
E						(g)		2		1/5								
Revenue		-), lines 3, 4, an		MAY 9	7 2	021	1 1	1,891,	985	32,198,1				
						s 5, 6d, 8c, 9c						912,		1,217,8				
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Expenses				•					ONE									
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			•	•								692,		606,5				
			-					A), line 25)			1 ′							
_	19 F	evenu	e less e	expenses Sub	ract line 18	from line 12.						2,111,		32,809,3 End of Year				
Fund Balances										<u> </u>		5,272,						
Bala												2,414,	NON	268,011,7				
										-	221	- 272						
					Subtract lin	e 21 from line	20		• • •		23:	5,272,	3/51	268,011,7				
Part				Block	have	- ad ship 4:		200000000000000	dulac	and atatoms	nto sod	to the best	of mil	knowledge and belief,				
unde true,	r pena correct	iities of t, and c	perjury omplete	Declare that I	nave examir preparer (othe	red this return, i er than officer) is	based on	accompanying scne all information of w	vhich p	oreparer has a	any know	ledge	. or iny i	vvicuge and bellet,				
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Sign		<u></u>	100	of officer	w	- -	_	-					12/2	UZI				
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				BANK, N.		TRUSTEE	_			_								
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• -	tha IE	RS die	cuss tl	nis return wit	h the prep	arer shown a	above?	(see instruction:	s)	<u></u>			<u> </u>	. X Yes				



Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	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,			
3	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			
0	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		Х
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
7		7		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			_^_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			X
	complete Schedule D, Part III	8		_^
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			, v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		_ X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0		3,7
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,"	1110		v
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		_^
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			_v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		^
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	115		v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	446		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	15		v
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4.7		v
4-	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	10		Х
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
00:	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		_^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	[\triangle

Part	Checklist of Required Schedules (continued)	_		,
			Yes	No
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	ŀ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			٠
	employees? If "Yes," complete Schedule J	23	_	X
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	١		.,
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	25-		
	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?	25b		Х
	If "Yes," complete Schedule L, Part I	250		
26		İ		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	2,		
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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,"			ĺ
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note : All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			لمل
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No .
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ł
	Statements, filed for the calendar year ending with or within the year covered by this return 2a0			
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)			-
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,	4.		v
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country ▶			ļ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			$-\frac{1}{X}$
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	36		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
а	and services provided to the payor?	7a		X
h	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		<u> X -</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	The state of the s	7e		X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
	, , ,	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u>_</u>
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12		}	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			1
	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)			
40-	against amounts due or received from them)	12a		است
ıza	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			4
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			1
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			[
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> X</u>
	If "Yes," complete Form 4720, Schedule O.			<u>i</u>
		Eor~	990	/20101

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Secti	on A. Governing Body and Management			
0000	on A covering Doa's the management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			1 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, ,	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
Ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<u> </u>	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		v
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			X 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		 ^
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b		
	rise to conflicts?	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
	describe in Schedule O how this was done	13		Х
13	Did the organization have a written whistleblower policy?	14	-	X
14	Did the organization have a written document retention and destruction policy?			1
15	Did the process for determining compensation of the following persons include a review and approval by			
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		X
_	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			[
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	_		ا إ
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	· (Sect	ion 5	i01(c)
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of into	roet r	oliov
19	and financial statements available to the public during the tax year.	, mitel	car þ	,oncy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	e -		
20	US BANK, N.A. TEL: (503) 464-3680	J -		_
JSA	PO BOX 0634: MILWAUKE WI 53201	Form	990	(2019)

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- 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 employees, if any. See instructions for definition of "key employee."
- 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 officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor	any related	orgai	niza	tion	COI	npens	sate	d any current office	er, director, or trus	stee.
(A)	(B)			Pos	C) ition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unle	unless per r and a dir		more than one rson is both an irector/trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) US BANK NA			.,					40 114	NONE	NIONII
TRUSTEE (2)			X					48,114.	NONE	<u>NON</u> E
(3)										
(4)										
(5)										
(6)										
(7)									-	
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Em	ploy	/ee	s, a	nd H	igh	nest Compensate	d Employ	ees (co	ontinued	1)
(A) Name and title	(B) Average hours per week	box,	(C) Position (do not check more than box, unless person is bot officer and a director/tru					(D) Reportable compensation from the	(E) Reporta compens from rel	ation	of	(F) ted amount other pensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		organ	om the Ization and Organizations
(15)								_				
(16)								_				
(17)								_				
(18)												
(19)												
(20)					-							
(21)												
(22)												
(23)	-					_						
(24)									<u> </u>			
(25)			-									
1b Subtotal					 		▶	48,114.		NONE		NON
Total number of individuals (including but reportable compensation from the organization)	not limited t						wh		han \$100,0			1.02.
3 Did the organization list any former employee on line 1a? If "Yes," complete School	officer, dire		tru								3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater tha	porta n \$1	ble 50,0	cor	npe	nsatio If "Ye	n :	and other compen complete Sched	sation fror ule J for	n the such	4	X
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	ompe	nsat	ion	fro	m any	y u	ınrelated organizatı	on or indi	vidual	5	х
Section B. Independent Contractors					_			·				
 Complete this table for your five high compensation from the organization. Report 	nest compe rt compens	nsate	d i	inde the	eper cal	ndent endar	ye	ontractors that re ear ending with or	ceived m within the	ore tha organi	an \$10 zation's	tax year.
(A) Name and business ad	dress							(B) Description of ser	vices	,	(C) Compens	ation
									<u>-</u>			
									·			
2 Total number of independent contracto	rs (includin	g bu	ıt n	ot	lim	ıted	to	those listed abo	ve) who			
received more than \$100,000 of compensa							_				Form	990 (2019)

Form 990 (2019)

Part VIII Statement of Revenue

		Check if Schedule O co	ntains a respons	se or note to a	ny line in this Part \	/III <u></u>	<u></u>	
,	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
y y	1a	Federated campaigns	1a				XXX (\$2.2)	
Grants mounts	b	Membership dues			1 .		100 1 100 10	
اعٌ ق	. c	Fundraising events		•				
A ts	d	Related organizations						
Contributions, Gifts, and Other Similar An	e	Government grants (contribut		•				
Sim's	f	All other contributions, gifts,					ST THE	
ë ti		and similar amounts not included	- I I					
혈美	q	Noncash contributions includ	led in	, ,	1			
dat		lines 1a-1f						
ರ ೯	h	Total. Add lines 1a-1f						
	,		-	Business Code				
9	2a			<u> </u>	. '			1
ه چَ	b							
Ω E	, с	•	,		,	1		'
e am	ď	*1			, <u>.</u>	, ,		
Program Service Revenue	·e							
ا ته	f	All other program service rev	enue			,		
	g	Total. Add lines 2a-2f		<u>▶</u>	١			
,	3,	Investment income (include	ling dividends,	interest, and				
		other similar amounts)		1▶	6,510,882.	,		6,510,882
	4	Income from investment of	tax-exempt bond	proceeds				, ,
	5	Royalties				1000000 0 0000 to 1 1	, and the second second	AACL
·			(ı) Real	(ii) Personal				
	6a	Gross rents 6a						15 K 15 H
	b	Less rental expenses 6b						
	, C	Rental income or (loss) 6c			CASO CARO		-18 30	14 TO 15
	d	Net rental income or (loss).			(CONST. United to Proceeding Many) to	AND	SSURRED IN STANKANTON OF	CONTRACTOR OF CONTRACTOR
	7a	Gross amount from	(i) Securities	(ii) Other				
	,	sales of assets		·				
í		other than inventory 7a	126508032					
, e	b	Less cost or other basis		-				
evenue		and sales expenses 7b	100820769					
ě	C	Gain or (loss) 7c	25687263		25 607 262			25 607 262
-	d	•		<u> ▶</u>	25,687,263.	manger 1 1 contract		25,687,263
Other	8a	Gross income from f	-					
		events (not including \$						
		of contributions reported	1 _ 1	-				
		1c) See Part IV, line 18	1 1					
1	b	Less direct expenses				2754	(2000) (2	7001.0000000000000000000000000000000000
	. с	Net income or (loss) from fu		<u> ▶</u>		MANAGE STATES		
	9a	Gross income from	gaming	,				
		activities See Part IV, line 19	[]		1.5	100		
	b	Less direct expenses			A ARRAGA CANADA NAME AND A COLUMN COL	Control of the Contro	Translet more and all the second sections	Secretary 200 and 200 at 2000
	C	Net income or (loss) from g	1	· · · · · · · · · · · · · · · · · · ·		CANALANTANA.		AND A STATE OF THE
	10a	Gross sales of inventy returns and allowances		•				
	b	Less cost of goods sold Net income or (loss) from sale			by court - A - de de Night dan 1144 A	ACTION OF STREET	Sept. 1 Statistical, 18	A CONTRACTOR OF THE PARTY OF TH
				Business Code		15 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Sn		PARTNERSHIP INCOME	₹ }	900099	1,217,806.	manage me a refusions as a	1. 1 to Consider J.	1,217,806
neo		TIMITADIOITI INCOM	-		-, -, -, -, -, -, -, -, -, -, -, -, -,			
Miscellaneous Revenue	b						•	
Re	C	All other revenue		•	i			·
Ξ	_ a		-		1,217,806.	CONTRACTOR	Carrio de Valor de la Colonia	
	<u>е</u> 12	Total revenue. See instruction			33,415,951.	Site. Y difference was for humanitation and a		33,415,951
ISA	. 12	Total levelide. See Histiacilo			1221221		1	5 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must	complete all columns.	All other organizations	must complete column (A).
--------------------------------	----------------------	-----------------------	-------------------------	---------------------------

	Check if Schedule O contains a response	onse or note to any line	e in this Part IX		
	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	48,114.			
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	- ,			
11	Fees for services (nonemployees)	401 120			
а	Management	401,139.			
	Legal				
	Accounting		•		
	Lobbying				
	Professional fundraising services See Part IV, line 17.	NONE	<u> </u>		
	Investment management fees	NONE		_	
y	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
	Office expenses	_			
	Information technology				
15			-		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				, m. m.
19	Conferences, conventions, and meetings			ļ	
20	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization		· · · · ·		
	Insurance				<u> </u>
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				İ
_	FOREIGN TAXES PAID	121,741.			
	ADR FEES	1,959.			
	INVESTMENT INTEREST EXPENSE	33,626.			
d		33,020.	_	-	_
	All other expenses				
	Total functional expenses Add lines 1 through 24e	606,579.		_	
_	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 if following SOP 98-2 (ASC 958-720)	333,3,3			
				•	

Form 990 (2019) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u> .	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	7,4 <u>95,15</u> 7.	2	4,457,155.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net	4	7	
Assets	8	Inventories for sale or use		8	
Ą	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	227,777,218.	11	263,554,553.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	235,272,375.	16	268,011,708.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	<u></u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	·
	23	Secured mortgages and notes payable to unrelated third parties	. <u></u>	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	NONE	26	NONE
ces		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
<u>la</u> n	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.	-		
	29	Capital stock or trust principal, or current funds		29	·
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds	235,272,375.	31	268,011,708.
Net Assets	32	Total net assets or fund balances	235,272,375.	32	268,011,708.
ž	33	Total liabilities and net assets/fund balances	235,272,375.	33	268,011,708.
		Total nooming and not dooded tall Dalamood I I I I I I I I I I I I I I I I I I			Form 990 (2019)

orm 99	0 (2019)				- ' 0	ge Z
Part :						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			<u>. X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		33,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2			06,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		32,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	<u>35,2</u>	72 <u>,</u> 3	<u> 375.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	.8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u>70,0</u>	<u>)39.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	<u>68,0</u>	<u> 11, </u>	<u>708.</u>
Part						<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII		· · · ·	· · ·		┸┸
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or]
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a]
	separate basis, consolidated basis, or both					1
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			2c		
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20		1
•	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the	3a		Х
	Single Audit Act and OMB Circular A-1337		• • •	34	_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	me	3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	iuits .	• • •		990	(2019)
				, 0,,,,,		,_0.0,

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.

20**19**

OMB No 1545-0047

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

Open to Public
Inspection
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
990Т	
FORM 990, PAGE 6, PART VI, LINE 11-DEION OF PROCESS FOR REVI	
COMPLYING WITH INTERNAL POLICIES AND PROCEDURES OF THE TRUST	EE,
PREPARATION, REVIEW, AND FILING OF FORM 990 TO SATISFY TRUS	TEE'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 REV	IEW
REVIEW IS NOT REQUIRED BEFORE FILING	
FORM 990, PAGE 6, PART VI, LINE 18	. <u>-</u>
UPON REQUEST	
	-
FORM 990, PAGE 6, PART VI, LINE 19	
COMPLYING WITH INTERNAL POLICIES AND PROCEDURES OF THE CORPO	RATE
TRUSTEE.	
EXPLANATION FOR FORM 990, PART XI, LINE 9	
ACCRETION ADJUSTMENT (52,356), COST BASIS ADJUSTMENT (17,683)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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OMB No 1545-004

Open to Publi Inspection

(g)
Section 512(b)(13)
controlled
entity? (f) Direct controlling ŝ **Employer identification number** entity Yes 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. 35-6494459 (f) Direct controlling (e) End-of-year assets entity Public charity status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (d) Exempt Code section Legal domicile (state or foreign country) (b) Primary activity Primary activity (a)(a)(a)(a)(b)(c)(d)(d)(d)(e)<l Name, address, and EIN of related organization BALL STATE UNIV VEBA/VANGUARD INDEX (1) SEE PART VII SUPPLEMENT Name of the organization Part II Part 1 $\widehat{\Xi}$ 2 $\widehat{\mathbb{S}}$ 2 (3) 3 3 <u>2</u> 9 3 9 5

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

JSA 9E1307 1 000

Schedule R (Form 990) 2019

bar III lucinitation of helated Organizations laxable as a raintesting. Complete in the Organization answered because it had one or more related organizations treated as a partnership during the tax year.	ted Organizations more related orga	. I axable anizations	as a rarmersing treated as a par	o. Complete ii t tnership during	the tax year.	l answered res		on roini 330, raitiv, iiie 34, 35-6494459	n IV, IIIIe 34, 35-6494459		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Osproportonate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership	
(1)											1
(2)											
(3)											
(4)											1
(5)											1
(9)											1
(7)											
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answers. In 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	t ed Organizations Id one or more rela	Taxable sted orga		n or Trust. Cor as a corporation	nplete if the or	a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, tions treated as a corporation or trust during the tax year.	ered "Yes"	on Form 990,	Part IV,		1
נא Name, address, and ElN	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Vity Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percent sets owners	Percentage Section 512(b)(13) connership controlled entity?	o (13) />
									-	Yes No	<u>ا</u> و ا
(1)											
(2)											
									-		
(3)											
(4)										+	
											1
(5)											
(9)											I
(7)											
,								Schedi	le R (Forr	Schedule R (Form 990) 2019	19

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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

		:	?
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?			
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ships and transaction	threshold	ds.	
(c)	(P)		
Amount involved M	Aethod of det	termining	
	amount inv	volved	,
Schedule	e R (Form 9	990) 2(119
÷ : : : : : : : : : : : : : : : : : : :	sived training and	sived training and	and transaction thresh amoun

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. 35-6494459

Part VI

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.

ON New Yes No	Reducing \$1.75-51-61 Neb N	(a) (b) (c) (d) (e) (f) (f) Share of Share of Share of Share of Share of Share of State or foreign income (related, section total income and country) understatication income or foreign income section (related, section total income and section section (related, section or foreign income and section section (record or foreign income and section section or foreign income and section section (record or foreign income and section or foreign income and secti	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant A income (related, unrelated, excluded from from from from from from from from	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1	(I) General or managing partner?	(k) Percentage ownership
					sections 512-514)	Yes No				-	Yes	
		(1)										
		(2)										
		(3)	 -									
		(4)										
						•						
		(5)	-									
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	Schedule R (Form 990) 2019											
	Schedule R (Form 990) 2019											

Schedule R (Fo	rm 990) 2019	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
		
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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

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