2939334104216 EXTENDED TO NOVEMBER 15, 2019 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasure ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Name of organization ( Check box if name changed and see instructions.) address changed ARTHUR DEAN FAMILY FOUNDATION, INC. 81-4049126 B Exempt under section Print X 501(c0)3, ) Unrelated business activity code (See instructions ) Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 11650 OLIO ROAD, SUITE 1000-327 ]408A \_\_\_\_530(a) City or town, state or province, country, and ZIP or foreign postal code 329(a) 900099 46037 FISHERS, IN C Book value of all assets at end of year 75, 047, 145. 

F Group exemption number (See instructions.) ►

G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust -H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here ▶ INCOME FROM K-1 INVESTMENTS . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of AARON STRATMAN Telephone number  $\rightarrow 317-207-2374$ Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance -1c 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts -40,440. STMT 13 -40,440.Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 -40,440. -40,440Total, Combine lines 3 through 12 Pârt II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Deprecation (attach Form 4562) 21 Less defreciation claimed on Schedule A and elsewhere on return 22 22b 23 Depletion 23 24 Contributions to deferred compensation plans 24

25 Employee.benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 28 Total deductions. Add lines 14 through 28 29 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 -40.440. 30 31 Deductionation net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 32 Unrelated business taxable income. Subtract line 31 from line 30 -40,440.

Form **990-T** (2018)

Part I	Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instructions)		33	-40,4	40.
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions) STI	MT 14	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si	um of				
	lines 33 and 34			36	-40,4	40.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,0	000.		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	<b></b>	·			
	enter the smaller of zero or line 36	•		38	-40,4	40.
Part I	✓ Tax Computation					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>•</b>	39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 38 from:	•	<u> </u>		
	Tax rate schedule or Schedule D (Form 1041)		•	40		
41	Proxy tax. See instructions		•	41		
42	Alternative minimum tax (trusts only)		•	42		
43	Tax on Noncompliant Facility Income. See instructions			43		
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44		0.
Part \	<del></del>	<del></del>		1 - 1 1 1		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	·	T = T		
	Other credits (see instructions)	45b	<del></del>	1		
	General business credit. Attach Form 3800	45c		1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		1		
	Total credits. Add lines 45a through 45d	1 430		45e		
46	Subtract line 45e from line 44			46		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	SE Other (	ttach schedule)	-		
48	Total tax. Add lines 46 and 47 (see instructions)	ou [] Oulei (a	(tach schedule)	48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49		0:
	Payments: A 2017 overpayment credited to 2018	50a		43		<del></del>
	•	<del> </del>		-		
	2018 estimated tax payments	50b		-		
	Tax deposited with Form 8868	50c		-		
	Foreign organizations Tax paid or withheld at source (see instructions)	50d		-		
	Backup withholding (see instructions)	50e		-		
	Credit for small employer health insurance premiums (attach Form 8941)	50f		<b>⊣</b> 1		
g	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other Total ▶	50g		┩╻.┃		
51	Total payments. Add lines 50a through 50g			51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1		54		
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax		ınded	55		0.
Part \	·				1	_
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	-	1		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	=				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country				
	here >					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a fore	eign trust?		<u> </u>	X
	If "Yes," see instructions for other forms the organization may have to file.					
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$					<u> </u>
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepar	tatements, and to the	e best of my kn	owledge and	belief, it is true,	
Sign	1 / Parch 11 1 1	•	_	May the IRS d	scuss this return	with
Here	7. //L ~ [1] 13 1017 PRESIDE	NT		-	nown below (see	
	Signature of officer Date Title			instructions)?	X Yes	No
	Print/Type preparer's name Preparer's signature Dat	te (	Check	ıf PTIN		
Paid			elf- employed			
Prepa	[6] ————————————————————————————————————	/08/19			0746868	
Use C	Inly Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	<b>→</b> 41	-074674	9
-50	9365 COUNSELORS ROW, STE 200					
	Firm's address ► INDIANAPOLIS, IN 46240		Phone no.	(317)	574-91	.00

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/A	\	· · · · · · · · · · · · · · · · · · ·	<del></del>			
1 Inventory at beginning of year	1	_	6 Inventory at end of year	ar		6			
2 Purchases	2		7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3		from line 5. Enter here						
4 a Additional section 263A costs			line 2		,	7			
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to	Yes	No		
<b>b</b> Other costs (attach schedule)	4b		property produced or a			12 × 12	(~`` . `.		
5 Total. Add lines 1 through 4b	5		the organization?	•	,,	- in delithrat delt.			
Schedule C - Rent Income	(From Real	Property and		Lease	ed With Real Prop	perty)			
(see instructions)	•		•		•				
Description of property									
(1)									
(2)			******		No. 6-				
(3)							—		
(4)									
	2. Rent receiv	ed or accrued			24.5-				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	s than	of rent for p	nd personal property (if the percental ersonal property exceeds 50% or if t is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)			
(1)			· -· ·						
(2)			· · · · · · · · · · · · · · · · ·			,·- <u>·</u> ·-			
(3)							—		
(4)						· · ·			
Total	0.	Total		0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.		
Schedule E - Unrelated Det	ot-Financed	I Income (see	instructions)		(-,		<u> </u>		
					3. Deductions directly conn to debt-finance	ected with or allocable			
4			<ol><li>Gross income from or allocable to debt-</li></ol>	(a)	Straight line depreciation	(b) Other deductions			
1. Description of debt-fir	nanced property		financed property	(")	(attach schedule)	(attach schedule)			
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deduction (column 6 x total of column 3(a) and 3(b))			
(1)		<u>-</u>	%						
(2)		-,,,,	%						
(3)			%						
(4)			%						
			<u></u>	E,	nter here and on page 1,	Enter here and on page	1,		
					art I, line 7, column (A)	Part I, line 7, column (B)			
Totals			<b>&gt;</b>		0.	,	0.		
Total dividends-received deductions in	cluded in column	18			<b>&gt;</b>		0.		

Schedule F - Interest,	Annuitie	s. Royal	ties, ar	d Rent	s From Co	ontroll	ed Organiz	atio	01-40 05/see ins	4712	<u>e)</u>	Page
		)	11.00, 11.		Controlled O				10 (300 1113	struction	3)	
1. Name of controlled organiza	ation	2. Emp identific numl	cation ',	3. Net una	related income a instructions)	4. To	tal of specified ments made	includ	t of column 4 led in the cont ation's gross	trolling	6. Deductions di connected with in in column 5	come
(1)		<del> </del>	· · · · · · · · · · · · · · · · · · ·	,		<del>                                     </del>			•	_		
. (2)		<del></del>	•			<del>                                     </del>			1	<del>  </del> -		
(3)		· ·				<b></b>		<del>                                     </del>		<del></del>		
(4)					· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		<del>                                     </del>			<del></del>	
Nonexempt Controlled Organ	ızatıons	٠,		·		1		Ь				
7. Taxable Income	8. Net u	unrelated incom see instructions		9. Total	of specified pay made	ments	10. Part of colu in the controll gross		nization's		ductions directly co income in column	
(1)											4	
(2)	<u> </u>	<del></del>		w,	_	•			•			
(3)	<u> </u>											
(4)					` -	,*					•	
				,	. ,		Add colur Enter here and line 8, 6		9 1, Part I,	Enterh	d columns 6 and 1 ere and on page 1, line 8, column (B)	
Totals	•			•					0.			0.
Schedule G - Investme	ent Inco	me of a	Section	501(c)(	7), (9), or	(17) Oi	rganization	1		•	, •	
1. Desc	cription of inco	ome ,		-	2. Amount of	ıncome	3. Deduction directly connect (attach scheduler)	ected		asides . schedule)	5. Total ded and set-a \(\) (col 3 plus	sides
(1)					,							
(2)	1								**			
(3)	•											
(4)											١,	
					Enter here and Part I, line 9, co	ilumn (A).					Enter here and o Part I, line 9, col	umn (B)
Totals	<u></u>			- 045	. Tl A -	0.	************	<b>8</b>			<b>*</b>	0.
Schedule I - Exploited (see instr		CUVILY	incom	e, Otne			ing income	<del>,</del>	á			
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly o with pro of unr	penses onnected oduction elated sincome	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is is not unrelat business inco	that ted	6. Exp attribut colur	able to	7. Excess es expenses (co 6 minus colu but not more column 4	olumn ımn 5, e than
(1)					1	•					_	
(2)									,			
(3)				•				,				
(4)									٠,			
	page 1	re and on i, Part I, col (A)	- Enter her page 1 line 10,	, Part I, col (B)							Enter here on page Part II, line	1, 26
Totals Schedule J - Advertis	na Inaa	0.		0.		3880 788		*****		<del>844</del>	<u> </u>	0.
				•	o a li data d	Basis					····	
Part Income From	Periodic	ais Repo	ortea o	n a Con	<del></del>		Ť					
1. Name of periodical	•	2. Gross advertising income		3. Direct ortising costs	or (loss) (c			tion	6. Reado		7. Excess read costs (column 6 column 5, but no f than column	minus ot more
(1)			·									
(2)		_	·				*					
(3)									*			
(4)							<b>X</b>					
. Totals (carry to Part II, line (5))	<b>&gt;</b>	(	o .	0								0.

## Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		•	-		· · · · · · · · · · · · · · · · · · ·		
(2)		ı	•				
(3)		,		. 1	•		
(4)		-			•		
Totals from Part I	•	0.	0.				, 0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on ' page 1, Part I, line 11, cot (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)	• •	%	
(3)		%	
(4)		%	•
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

FORM 990-T		INCOME	(LOSS)	FROM PA	ARTNERSHIPS	STAT	EMENT	13
DESCRIPTION	·						INCOM	
(LOSS) ENLINK MIDS (LOSS) OAKTREE CAP PHILLIPS 66		ERS - ORI - ORDINAI LP - ORDI	DINARY RY BUSI INARY B	BUSINESS NESS INC USINESS	SINCOME		-2,3	526. 149. 329.
TOTAL INCLU	DED ON FORM	990-т, і	PAGE 1,	LINE 5			-40,4	40.
FORM 990-T		NET O	PERATIN	G LOSS I	DEDUCTION	STAT	EMENT	14
TAX YEAR	LOSS SUSTA	NED	LOS PREVIO APPL	USLY	LOSS REMAINING		LABLE YEAR	
12/31/17	36,2	266.	0.		36,266.		36,266	
NOL CARRYOV	ER AVAILABLI	THIS Y	EAR		36,266.		36,26	56.