

## Form 990-PF Return Summary

For calendar year 2017, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

35-2145332

### CROSSER FAMILY FOUNDATION, INC.

#### Investment Income

Interest	1,324
Dividends	73,253
Gross rents	
Capital gain net income	44,359
Other income	

#### Total investment income

118,936

#### Expenses

Officer compensation	
Salaries / employee benefits	
Other expenses	64,734

#### Total expenses

64,734

#### Net investment income

54,202

#### Taxes / Credits

Regular tax	542
Section 511 tax	
Subtitle A tax	

#### Total tax

542

#### Payments / Penalties / Application

Estimated tax payments	
Tax withheld	
Other payments	2,000
Estimated tax penalty	3
Overpayment applied to next year's tax	1,455

#### Payments / penalty / application

542

#### Net tax due

0

Interest on late payments

Failure to file penalty

Failure to pay penalty

#### Additions to tax

#### Balance due

#### Refund

#### Revenue / Expenses per Books      Adjusted Net Income

Total contributions		
Interest	1,324	1,324
Dividends	73,253	73,253
Capital gains / losses	44,359	778
Income modifications		
Sale of inventory		
Other income		
<b>Total revenue</b>	<b>118,936</b>	<b>75,355</b>
Total expenses	431,487	
<b>Excess / ANI</b>	<b>-312,551</b>	

#### Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
<b>Total</b>	

#### Miscellaneous Information

Amended return  
Return / extended due date 11/15/18

#### Balance Sheet

	Beginning	Ending	Differences
Assets	3,796,427	3,795,130	
Liabilities	97	2,000	
Net assets	3,796,330	3,793,130	-3,200



**8425 Woodfield Crossing Blvd., Suite 110  
Indianapolis, IN 46240-7316**

June 22, 2018

CONFIDENTIAL

Crosser Family Foundation, Inc.  
7069 Spayside Dr. N.  
Noblesville, IN 46062

Dear Janet:

We have prepared the following return(s) from information provided by you without verification or audit.

Return of Private Foundation (Form 990-PF)  
Indiana Nonprofit Organization's Annual Report (Form NP-20)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Thomas L. Comisso, CPA  
ASPIRE CPAS, PC

## Filing Instructions

**Crosser Family Foundation, Inc.**

**Private Foundation Tax Return**

**Taxable Year Ended December 31, 2017**

**Date Due:** November 15, 2018

**Remittance:** None is required. Your Form 990-PF for the tax year ended 12/31/17 shows a total overpayment of \$1,455, all of which is to be credited to your estimated tax liability for the coming year. Do not mail a copy of this return.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

ASPIRE CPAS, PC  
8425 WOODFIELD CROSSING #110  
INDIANAPOLIS, IN 46240-7316

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

A Taxpayer's Copy of the IRS e-file Signature Authorization and the Form 990-PF is retained on your secure Private Client Portal.

## **Acknowledgement and General Information for Taxpayers Who File Returns Electronically**

Thank you for taking part in the IRS e-file Program.

Crosser Family Foundation, Inc.  
7069 Spayside Dr. N.

Noblesville, IN 46062

Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year December 31, 2017 is being filed electronically with the IRS by the services of ASPIRE CPAS, PC.

Your extension was accepted by the IRS on 05/10/18 and the Submission Identification Number assigned to your return is 35350520181300014256.

You elected to pay the balance due on the return using electronic funds withdrawal.

The payment request has been received by the IRS. If this is not checked, the balance due must be paid by May 15, 2018.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

### **Acknowledgement Process**

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning . . . . . 2017, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2017

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**CROSSER FAMILY FOUNDATION, INC.**

Employer identification number

**35-2145332**

Name and title of officer

**JANET R CROSSER  
PRES/TREAS**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	_____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	_____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	_____
<b>4a</b> Form 990-PF check here	<input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	<b>542</b>
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	_____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize **ASPIRE CPAS, PC** to enter my PIN **45332** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } \_\_\_\_\_ Date } **06/21/18**

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**35350508425**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **THOMAS L. COMISSO, CPA** Date } **06/21/18**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990-PF**

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

**2017**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2017 or tax year beginning , and ending

Name of foundation <b>CROSSER FAMILY FOUNDATION, INC.</b>		A Employer identification number <b>35-2145332</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>7069 SPAYSIDE DR. N.</b>	Room/suite	B Telephone number (see instructions) <b>317-770-7365</b>
City or town, state or province, country, and ZIP or foreign postal code <b>NOBLESVILLE IN 46062</b>		C If exemption application is pending, check here " <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here " <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation " <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here " <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>u \$ 3,795,130</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here " <input type="checkbox"/>
(Part I, column (d) must be on cash basis.)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule) .....				
	2 Check <b>u</b> <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....	1,324	1,324		
	4 Dividends and interest from securities .....	73,253	73,253		
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	44,359			
	b Gross sales price for all assets on line 6a <b>421,049</b>				
	7 Capital gain net income (from Part IV, line 2) .....		44,359		
	8 Net short-term capital gain .....			0	
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) (attach schedule) .....					
11 Other income (attach schedule) .....					
12 <b>Total.</b> Add lines 1 through 11 .....	118,936	118,936	0		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. ....	0			
	14 Other employee salaries and wages .....				
	15 Pension plans, employee benefits .....				
	16a Legal fees (attach schedule) .....				
	b Accounting fees (attach schedule) <b>STMT 1</b> .....	3,600	3,600		
	c Other professional fees (attach schedule) <b>STMT 2</b> .....	55,311	55,311		
	17 Interest .....				
	18 Taxes (attach schedule) (see instructions) <b>STMT 3</b> .....	1,661	1,658		
	19 Depreciation (attach schedule) and depletion .....				
	20 Occupancy .....				
	21 Travel, conferences, and meetings .....				
	22 Printing and publications .....				
	23 Other expenses (att. sch.) <b>STMT 4</b> .....	4,165	4,165		
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 .....	64,737	64,734	0	0
	25 Contributions, gifts, grants paid .....	366,750			366,750
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 .....	431,487	64,734	0	366,750	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements .....	-312,551				
b <b>Net investment income</b> (if negative, enter -0-) .....		54,202			
c <b>Adjusted net income</b> (if negative, enter -0-) .....			0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	254,953	64,504	64,504
	3	Accounts receivable <b>u</b>			
		Less: allowance for doubtful accounts <b>u</b>			
	4	Pledges receivable <b>u</b>			
		Less: allowance for doubtful accounts <b>u</b>			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (att. schedule) <b>u</b>			
		Less: allowance for doubtful accounts <b>u</b>	0		
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis <b>u</b>			
	Less: accumulated depreciation (attach sch.) <b>u</b>				
12	Investments – mortgage loans				
13	Investments – other (attach schedule) <b>SEE STATEMENT 5</b>	3,541,189	3,728,889	3,728,889	
14	Land, buildings, and equipment: basis <b>u</b>				
	Less: accumulated depreciation (attach sch.) <b>u</b>				
15	Other assets (describe <b>u</b> <b>SEE STATEMENT 6</b> )	285	1,737	1,737	
16	<b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	3,796,427	3,795,130	3,795,130	
Liabilities	17	Accounts payable and accrued expenses	97	2,000	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe <b>u</b> )			
	23	<b>Total liabilities</b> (add lines 17 through 22)	97	2,000	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <b>u</b> <input type="checkbox"/>				
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here</b> <b>u</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg., and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds	3,796,330	3,793,130		
30	<b>Total net assets or fund balances</b> (see instructions)	3,796,330	3,793,130		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	3,796,427	3,795,130		

Part III	Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,796,330
2	Enter amount from Part I, line 27a	2	-312,551
3	Other increases not included in line 2 (itemize) <b>u</b> <b>SEE STATEMENT 7</b>	3	309,351
4	Add lines 1, 2, and 3	4	3,793,130
5	Decreases not included in line 2 (itemize) <b>u</b>	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	3,793,130

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a SEE WORKSHEET</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss) <span style="float:right">[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]</span>			<b>2</b>	<b>44,359</b>
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 <span style="float:right">]</span>			<b>3</b>	<b>778</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	<b>301,653</b>	<b>3,282,639</b>	<b>0.091893</b>
2015	<b>332,108</b>	<b>3,655,959</b>	<b>0.090840</b>
2014	<b>196,806</b>	<b>4,008,573</b>	<b>0.049096</b>
2013	<b>137,464</b>	<b>3,880,610</b>	<b>0.035423</b>
2012	<b>247,944</b>	<b>3,732,525</b>	<b>0.066428</b>
<b>2</b> Total of line 1, column (d)			<b>0.333680</b>
<b>3</b> Average distribution ratio for the 5-year base period – divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			<b>0.066736</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			<b>3,256,112</b>
<b>5</b> Multiply line 4 by line 3			<b>217,300</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>542</b>
<b>7</b> Add lines 5 and 6			<b>217,842</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			<b>366,750</b>



**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	<b>542</b>
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>2</b>	<b>0</b>
<b>3</b>	Add lines 1 and 2	<b>3</b>	<b>542</b>
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	<b>0</b>
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	<b>542</b>
<b>6</b>	Credits/Payments:		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	
<b>b</b>	Exempt foreign organizations – tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	<b>2,000</b>
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	<b>2,000</b>
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	<b>3</b>
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	<b>1,455</b>
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2018 estimated tax</b> <b>1,455</b> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b>		<b>X</b>
<b>1b</b>		<b>X</b>
<b>1c</b>		<b>X</b>
<b>2</b>		<b>X</b>
<b>3</b>		<b>X</b>
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>N/A</b>
<b>5</b>		<b>X</b>
<b>6</b>	<b>X</b>	
<b>7</b>	<b>X</b>	
<b>8a</b>		
<b>8b</b>	<b>X</b>	
<b>9</b>		<b>X</b>
<b>10</b>		<b>X</b>

**Part VII-A Statements Regarding Activities** (continued)

		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		<b>X</b>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		<b>X</b>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>u WWW.CROSSERFAMILYFOUNDATION.ORG</b>	<b>X</b>	
14	The books are in care of <b>u CARRIE RENNER</b> Telephone no. <b>u 317-557-0826</b> <b>7069 SPAYSIDE DR. N.</b> Located at <b>u NOBLESVILLE</b> IN ZIP+4 <b>u 46062</b>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <b>u 15</b>		
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <b>u</b>		<b>X</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year, did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <b>N/A</b> Organizations relying on a current notice regarding disaster assistance, check here <b>u</b> <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <b>N/A</b>		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>u</b> 20 , 20 , 20 , 20		
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement – see instructions.) <b>N/A</b>		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>u</b> 20 , 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) <b>N/A</b>		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		<b>X</b>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		<b>X</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions **N/A** **5b**

Organizations relying on a current notice regarding disaster assistance, check here **u**

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A**  Yes  No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** **X**

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A** **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JANET R CROSSER 15544 LONG COVE BLVD CARMEL IN 46033	PRES / TREAS 14.00	0	0	0
CARRIE RENNER 706 SPAYSIDE DR N NOBLESVILLE IN 46062	DIRECTOR 1.00	0	0	0
CRAIG CROSSER 14880 BRAEMAR AVENUE E NOBLESVILLE IN 46062	V PRES 1.00	0	0	0
CLARK CROSSER 6985 BLADESTONE ROAD NOBLESVILLE IN 46062	SECY 1.00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 **0**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services **u**

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2 N/A	
3 N/A	
4 N/A	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

**Total.** Add lines 1 through 3 **▶**

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	<b>3,246,640</b>
<b>b</b>	Average of monthly cash balances	<b>1b</b>	<b>59,057</b>
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	<b>0</b>
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	<b>3,305,697</b>
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	<b>0</b>
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	<b>0</b>
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	<b>3,305,697</b>
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	<b>4</b>	<b>49,585</b>
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	<b>3,256,112</b>
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	<b>162,806</b>

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	<b>162,806</b>
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5	<b>2a</b>	<b>542</b>
<b>b</b>	Income tax for 2017. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	<b>542</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	<b>162,264</b>
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	<b>162,264</b>
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	<b>162,264</b>

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	<b>1a</b>	<b>366,750</b>
<b>b</b>	Program-related investments – total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	<b>366,750</b>
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	<b>5</b>	<b>542</b>
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	<b>366,208</b>

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				<b>162,264</b>
<b>2</b> Undistributed income, if any, as of the end of 2017:				
<b>a</b> Enter amount for 2016 only				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2017:				
<b>a</b> From 2012	<b>37,783</b>			
<b>b</b> From 2013				
<b>c</b> From 2014				
<b>d</b> From 2015	<b>150,214</b>			
<b>e</b> From 2016	<b>137,715</b>			
<b>f</b> <b>Total</b> of lines 3a through e	<b>325,712</b>			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4: <b>u</b> \$ <b>366,750</b>				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions)				
<b>d</b> Applied to 2017 distributable amount				<b>162,264</b>
<b>e</b> Remaining amount distributed out of corpus	<b>204,486</b>			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	<b>530,198</b>			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
<b>d</b> Subtract line 6c from line 6b. Taxable amount – see instructions				
<b>e</b> Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount – see instructions				
<b>f</b> Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				<b>0</b>
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	<b>37,783</b>			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a	<b>492,415</b>			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2013				
<b>b</b> Excess from 2014				
<b>c</b> Excess from 2015	<b>150,214</b>			
<b>d</b> Excess from 2016	<b>137,715</b>			
<b>e</b> Excess from 2017	<b>204,486</b>			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling u

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
**N/A**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
**N/A**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:  
**N/A**

**b** The form in which applications should be submitted and information and materials they should include:  
**N/A**

**c** Any submission deadlines:  
**N/A**

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
**N/A**

**Part XV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p><b>a</b> Paid during the year  <b>SEE STATEMENT 8</b></p>				<p><b>366,750</b></p>
<p><b>Total</b> .....</p>			<p><b>u 3a</b></p>	<p><b>366,750</b></p>
<p><b>b</b> Approved for future payment  <b>N/A</b></p>				
<p><b>Total</b> .....</p>			<p><b>u 3b</b></p>	





**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash ..... 1a(1) Yes No X
(2) Other assets ..... 1a(2) Yes No X
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization ..... 1b(1) Yes No X
(2) Purchases of assets from a noncharitable exempt organization ..... 1b(2) Yes No X
(3) Rental of facilities, equipment, or other assets ..... 1b(3) Yes No X
(4) Reimbursement arrangements ..... 1b(4) Yes No X
(5) Loans or loan guarantees ..... 1b(5) Yes No X
(6) Performance of services or membership or fundraising solicitations ..... 1b(6) Yes No X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees ..... 1c Yes No X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No

2b If "Yes," complete the following schedule. Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below? See instructions. [ ] Yes [X] No

Signature of officer or trustee: THOMAS L. COMISSO, CPA
Date: 06/22/18
Title: PRES/TREAS

Paid Preparer Use Only: Print/Type preparer's name: THOMAS L. COMISSO, CPA; Preparer's signature: THOMAS L. COMISSO, CPA; Date: 06/22/18; Firm's name: ASPIRE CPAS, PC; Firm's address: 8425 WOODFIELD CROSSING #110 INDIANAPOLIS, IN 46240-7316; PTIN: P00048003; Firm's EIN: 35-1841044; Phone no.: 317-469-4500

**Capital Gains and Losses for Tax on Investment Income**Form **990-PF****2017**

For calendar year 2017, or tax year beginning

, and ending

Name

Employer Identification Number

**CROSSER FAMILY FOUNDATION, INC.****35-2145332**

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) HARBOR INTERNATIONAL FD	P	05/19/16	02/08/17
(2) OPPEHEIMER DEVELOPING	P	05/19/16	02/08/17
(3) SPDR KBW INSURANCE	P	05/19/16	02/08/17
(4) SPDR KBW INSURANCE	P	05/19/16	02/08/17
(5) SPDR KBW INSURANCE	P	06/28/16	02/08/17
(6) SPDR KBW INSURANCE	P	09/27/16	02/08/17
(7) SPDR KBW INSURANCE	P	12/28/16	02/08/17
(8) ALGER SECTRA FUND	P	01/16/14	01/17/17
(9) ALGER SPECTRA FUND	P	01/16/14	01/17/17
(10) ALGER SPECTRA FUND	P	12/18/14	01/17/17
(11) ALGER SPECTRA FUND	P	12/18/14	01/17/17
(12) ALGER SPECTRA FUND	P	12/18/14	01/17/17
(13) ALGER SPECTRA FUND	P	12/16/15	01/17/17
(14) FIRST TR EXCHANGE TRADED	P	07/21/15	02/08/17
(15) FIRST TR ISE CLOUD COMP	P	07/21/15	02/08/17

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 2		2	
(2) 7		6	1
(3) 84		71	13
(4) 4,554		3,818	736
(5) 84		67	17
(6) 84		73	11
(7) 84		84	
(8) 7,050		7,278	-228
(9) 128,703		129,728	-1,025
(10) 3,516		3,508	8
(11) 10		10	
(12) 1,283		1,280	3
(13) 4,817		4,779	38
(14) 1,462		1,245	217
(15) 1,769		1,461	308

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(1)			
(2)			1
(3)			13
(4)			736
(5)			17
(6)			11
(7)			
(8)			-228
(9)			-1,025
(10)			8
(11)			
(12)			3
(13)			38
(14)			217
(15)			308

**Capital Gains and Losses for Tax on Investment Income**Form **990-PF****2017**

For calendar year 2017, or tax year beginning

, and ending

Name

Employer Identification Number

**CROSSER FAMILY FOUNDATION, INC.****35-2145332**

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) HARBOR INTERNATIONAL FD	P	02/13/13	02/08/17
(2) HARBOR INTERNATIONAL FD	P	02/13/13	02/08/17
(3) ISHARES TR	P	07/10/08	02/08/17
(4) ISHARES TR	P	10/01/08	02/08/17
(5) ISHARES TR	P	12/31/08	02/08/17
(6) ISHARES TR	P	03/31/09	02/08/17
(7) ISHARES TR	P	07/10/09	02/08/17
(8) ISHARES TR	P	09/29/09	02/08/17
(9) ISHARES TR	P	01/16/15	02/08/17
(10) OPPENHEIMER DEVELOPING	P	11/25/13	02/08/17
(11) SECTOR SPDR TR SHS BEN INT-BASIC	P	07/21/15	02/08/17
(12) SECTOR SPDR TR SHS BEN	P	07/21/15	02/08/17
(13) SECTOR SPDR TR SHS BEN	P	07/21/15	02/08/17
(14) SECTOR SPDR TR SHS BEN	P	07/21/15	01/18/17
(15) SECTOR SPDR TR SHS BEN	P	07/21/15	02/08/17

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 2,723		2,883	-160
(2) 40		43	-3
(3) 113		67	46
(4) 6,217		2,723	3,494
(5) 7,799		3,357	4,442
(6) 6,895		2,475	4,420
(7) 5,426		2,139	3,287
(8) 2,148		1,066	1,082
(9) 35,079		29,813	5,266
(10) 8,973		9,853	-880
(11) 6,232		5,679	553
(12) 7,992		8,616	-624
(13) 3,094		2,898	196
(14) 7,555		7,099	456
(15) 6,947		6,468	479

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(1)			-160
(2)			-3
(3)			46
(4)			3,494
(5)			4,442
(6)			4,420
(7)			3,287
(8)			1,082
(9)			5,266
(10)			-880
(11)			553
(12)			-624
(13)			196
(14)			456
(15)			479

## Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

**2017**

For calendar year 2017, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name

Employer Identification Number

**CROSSER FAMILY FOUNDATION, INC.**

**35-2145332**

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) <b>SECTOR SPDR TR SHS BEN</b>	<b>P</b>	<b>07/21/15</b>	<b>09/26/17</b>
(2) <b>SECTOR SPDR TR</b>	<b>P</b>	<b>10/20/14</b>	<b>02/08/17</b>
(3) <b>SECTOR SPDR TR</b>	<b>P</b>	<b>07/21/15</b>	<b>01/18/17</b>
(4) <b>SECTOR SPDR TR</b>	<b>P</b>	<b>07/21/15</b>	<b>02/08/17</b>
(5) <b>SECTOR SPDR TR SHS BEN</b>	<b>P</b>	<b>07/21/15</b>	<b>02/08/17</b>
(6) <b>VANGUARD FINANCIALS ETF</b>	<b>P</b>	<b>07/21/15</b>	<b>02/08/17</b>
(7) <b>VANGUARD INFORMATION</b>	<b>P</b>	<b>07/21/15</b>	<b>02/08/17</b>
(8) <b>VANGUARD TELECOMM SRVCS</b>	<b>P</b>	<b>07/21/15</b>	<b>02/08/17</b>
(9) <b>MERRILL LYNCH</b>			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) <b>22,373</b>		<b>19,720</b>	<b>2,653</b>
(2) <b>17,460</b>		<b>20,147</b>	<b>-2,687</b>
(3) <b>9,450</b>		<b>8,152</b>	<b>1,298</b>
(4) <b>28,361</b>		<b>24,186</b>	<b>4,175</b>
(5) <b>1,431</b>		<b>1,236</b>	<b>195</b>
(6) <b>26,835</b>		<b>23,147</b>	<b>3,688</b>
(7) <b>43,690</b>		<b>37,380</b>	<b>6,310</b>
(8) <b>4,666</b>		<b>4,133</b>	<b>533</b>
(9) <b>6,041</b>			<b>6,041</b>
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(1)			<b>2,653</b>
(2)			<b>-2,687</b>
(3)			<b>1,298</b>
(4)			<b>4,175</b>
(5)			<b>195</b>
(6)			<b>3,688</b>
(7)			<b>6,310</b>
(8)			<b>533</b>
(9)			<b>6,041</b>
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

## Federal Statements

### Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
PREPARATION OF FORM 990PF	\$ 2,850	\$ 2,850	\$	\$
ANNUAL FINANCIAL STATEMENT	750	750		
TOTAL	<u>\$ 3,600</u>	<u>\$ 3,600</u>	<u>\$ 0</u>	<u>\$ 0</u>

### Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BROKERAGE FEES	\$ 55,311	\$ 55,311	\$	\$
TOTAL	<u>\$ 55,311</u>	<u>\$ 55,311</u>	<u>\$ 0</u>	<u>\$ 0</u>

### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL EXCISE TAX EXPENSE	\$ 644	\$ 641	\$	\$
FOREIGN TAX PAID	1,017	1,017		
TOTAL	<u>\$ 1,661</u>	<u>\$ 1,658</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Federal Statements**

**Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
BANK CHARGES				
DUES AND SUBSCRIPTIONS	2,800	2,800		
AMORTIZATION OF BOND PREM/DIS	861	861		
WEBSITE	500	500		
CHANGE IN ACCRUED INTEREST	4	4		
TOTAL	\$ <u>4,165</u>	\$ <u>4,165</u>	\$ <u>0</u>	\$ <u>0</u>

**Statement 5 - Form 990-PF, Part II, Line 13 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
INVESTMENTS - VARIOUS	\$ 3,541,189	\$ 3,728,889	MARKET	\$ 3,728,889
TOTAL	\$ <u>3,541,189</u>	\$ <u>3,728,889</u>		\$ <u>3,728,889</u>

**Federal Statements****Statement 6 - Form 990-PF, Part II, Line 15 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Fair Market Value</u>
ACCRUED INTEREST RECEIVABLE	\$ 285	\$ 282	\$ 282
PREPAID INCOME TAX		1,455	1,455
TOTAL	<u>\$ 285</u>	<u>\$ 1,737</u>	<u>\$ 1,737</u>

**Statement 7 - Form 990-PF, Part III, Line 3 - Other Increases**

<u>Description</u>	<u>Amount</u>
INC IN UNREALIZED GAIN ON MKTBL SEC	\$ 309,351
TOTAL	<u>\$ 309,351</u>



**Federal Statements**

**Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year**

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Status</u>	<u>Purpose</u>	<u>Amount</u>
ST VINCENT FOUNDATION INDIANAPOLIS IN 46260	2001 W 86TH STREET			GENERAL FUND	83,250
BOYS AND GIRLS CLUB NOBLESVILLE IN 46060	1448 CONNER STREET			GENERAL FUND	112,500
PREVAIL, INC. NOBLESVILLE IN 46060	1100 S 9TH STREET STE 100			GENERAL FUND	60,000
AGAPE THERAPEUTIC RIDING CICERO IN 46034	24970 PLEASANT RD			GENERAL FUND	4,000
GLEANERS FOOD BANK OF CENTRAL IN INDIANAPOLIS IN 46241	3737 WATERMAN AVE			GENERAL FUND	10,000
HOPE ACADEMY INDIANAPOLIS IN 46256	8102A CLEAR VISTA PARKWAY			GENERAL FUND	5,000
AYS INC INDIANAPOLIS IN 46205	4701 N KEYSTONE AVE, #475			GENERAL FUND	2,500
BIG BROTHERS BIG SISTERS INDIANAPOLIS IN 46208	2960 N MERIDIAN ST.			GENERAL FUND	2,000
TRINITY FREE CLINIC CARMEL IN 46032	1045 WEST 146TH ST.			GENERAL FUND	2,500
LAFAYETTE PARKS FOUNDATION LAFAYETTE IN 47902	PO BOX 1535			GENERAL FUND	75,000
GREATER HOUSTON COMMUNITY FDTN HOUSTON TX 77056	5120 WOODWAY DR			GENERAL FUND	10,000
TOTAL					<u>366,750</u>

Form **2220**

**Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

u Attach to the corporation's tax return.

**2017**

uGo to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name

**CROSSER FAMILY FOUNDATION, INC.**

Employer identification number

**35-2145332**

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

<b>1</b> Total tax (see instructions) .....	<b>1</b>	<b>542</b>
<b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>	
<b>b</b> Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>	
<b>c</b> Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>	
<b>d Total.</b> Add lines 2a through 2c .....	<b>2d</b>	
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty .....	<b>3</b>	<b>542</b>
<b>4</b> Enter the tax shown on the corporation's 2016 income tax return. See instructions. <b>Caution: If the tax is zero or</b> the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	<b>4</b>	<b>97</b>
<b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	<b>5</b>	<b>97</b>

**Part II Reasons for Filing**—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6** The corporation is using the adjusted seasonal installment method.
- 7** The corporation is using the annualized income installment method.
- 8** The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
<b>9</b> Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	<b>05/15/17</b>	<b>06/15/17</b>	<b>09/15/17</b>	<b>12/15/17</b>
<b>10</b> Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>25</b>
<b>11</b> Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. .... <i>Complete lines 12 through 18 of one column before going to the next column.</i>	<b>11</b>				
<b>12</b> Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				
<b>13</b> Add lines 11 and 12 .....	<b>13</b>				
<b>14</b> Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		<b>24</b>	<b>48</b>	<b>72</b>
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>24</b>	<b>48</b>	
<b>17</b> Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>25</b>
<b>18</b> Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	<b>19</b>	<b>SEE WORKSHEET</b>		
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2017 and before 7/1/2017	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2017 and before 10/1/2017	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 4% (0.04)	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 4% (0.04)	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2017 and before 4/1/2018	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 4% (0.04)	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2018 and before 7/1/2018	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2018 and before 3/16/2019	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x %	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b>	\$	\$	\$
<b>38</b> Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns			<b>38</b>	\$ <b>3</b>

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**Form 2220 Worksheet**

Form **2220**

**2017**

For calendar year 2017, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name

Employer Identification Number

**CROSSER FAMILY FOUNDATION, INC.**

**35-2145332**

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>05/15/17</u>	<u>06/15/17</u>	<u>09/15/17</u>	<u>12/15/17</u>
Amount of underpayment	<u>24</u>	<u>24</u>	<u>24</u>	<u>25</u>

Prior year overpayment applied \_\_\_\_\_

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	5/15/17	3/31/18	24	320	4.00	1
1	3/31/18	5/15/18	24	45	5.00	0
2	6/15/17	3/31/18	24	289	4.00	1
2	3/31/18	5/15/18	24	45	5.00	0
3	9/15/17	3/31/18	24	197	4.00	1
3	3/31/18	5/15/18	24	45	5.00	0
4	12/15/17	3/31/18	25	106	4.00	0
4	3/31/18	5/15/18	25	45	5.00	0
<b>TOTAL PENALTY</b>						<b>3</b>

=====

Form **990-W**  
 (Worksheet)  
 Department of the Treasury  
 Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable  
 Income for Tax-Exempt Organizations**  
 (and on Investment Income for Private Foundations)  
 Go to [www.irs.gov/F990W](http://www.irs.gov/F990W) for instructions and the latest information.  
 Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0976

**2018**

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax for trusts. See instructions .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits. See instructions .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes. See instructions .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels. See instructions .....	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	542
b	Enter the tax shown on the 2017 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	542
c	<b>2018 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	542

		(a)	(b)	(c)	(d)	
11	<b>Installment due dates.</b> See instructions .....	11	05/15/18	06/15/18	09/17/18	12/17/18
12	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12	136	136	136	136
13	<b>2017 Overpayment.</b> See instructions .....	13	136	136	136	136
14	<b>Payment due</b> (Subtract line 13 from line 12) .....	14				

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

**Underdistribution and Excess Distributions for Part XIII**Form **990-PF****2017**

For calendar year 2017, or tax year beginning , ending

Name

**CROSSER FAMILY FOUNDATION, INC.**Employer Identification Number  
**35-2145332****Undistributed Income Carryovers**

Form 990-PF, Part XIII

Tax Year	Prior Undistributed Income			Current Year Decreases	Next Year Carryover	
	Nontaxable or Previously Taxed	Taxable in 2017	Total per Year		Nontaxable or Previously Taxed	Taxable in 2018
Years prior						
20 <b>13</b>						
20 <b>14</b>						
20 <b>15</b>						
2016						
2017			<b>162,264</b>	<b>162,264</b>		
Total Carryover to Next Year						<b>0</b>

\* Carryover amount includes 4942(a) amounts

**Excess Distribution Carryovers**

Form 990-PF, Part XIII

	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
2012 <b>37,783</b>	<b>37,783</b>	
2013		
2014		
2015 <b>150,214</b>		<b>150,214</b>
2016 <b>137,715</b>		<b>137,715</b>
Current Year Excess Distribution Generated (2017)		<b>204,486</b>
Total Carryover to Next Year		<b>492,415</b>

Form **990PF****Two Year Comparison Report****2016 & 2017**

For calendar year 2017, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

**CROSSER FAMILY FOUNDATION, INC.**

Taxpayer Identification Number

**35-2145332**

		2016		2017		Differences	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
<b>Revenue</b>	1. Contributions, gifts, grants, and similar amounts received	1.					
	2. Interest on savings and temporary cash investments	2.	1,344	1,344	1,324	1,324	-20
	3. Dividends and interest from securities	3.	68,784	68,784	73,253	73,253	4,469
	4. Gross rents	4.					
	5. Net gain or (loss) from sale of assets	5.	-15,725		44,359		60,084
	6. Capital gain net income	6.		3,468		44,359	40,891
	7. Gross profit or (loss)	7.					
	8. Other income	8.					
	9. <b>Total.</b> Add lines 1 through 8	9.	54,403	73,596	118,936	118,936	64,533
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	10.					
	11. Other employee salaries and wages	11.					
	12. Pension plans, employee benefits	12.					
	13. Professional fees	13.	58,042	58,042	58,911	58,911	869
	14. Interest	14.					
	15. Taxes	15.	1,011	1,011	1,661	1,658	650
	16. Depreciation and depletion	16.					
	17. Occupancy	17.					
	18. Other expenses	18.	4,828	4,828	4,165	4,165	-663
	19. Contributions, gifts, grants paid	19.	301,750		366,750		65,000
	20. Total expenses and disbursements. Add lines 10 through 19	20.	365,631	63,881	431,487	64,734	65,856
21. <b>Net income (if negative investment activity, enter -0-)</b>	21.	-311,228	9,715	-312,551	54,202	-1,323	44,487
<b>Taxes</b>	22. Excise Tax	22.		97		542	445
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. <b>Total Taxes</b>	25.		97		542	445
	<b>Due / Refund</b>	26. Estimates and overpayments credited	26.				
27. Foreign tax withheld		27.					
28. Other Payments		28.				2,000	2,000
29. <b>Total payments and credits</b>		29.				2,000	2,000
30. <b>Balance due / (Overpayment)</b>		30.		97		-1,458	-1,555
31. Overpayment credited to next year		31.				1,455	1,455
32. Penalty		32.				3	3
33. <b>Net due / (Refund)</b>	33.		97		0	-97	
<b>Other</b>	34. Total assets	34.	3,796,427		3,795,130		0
	35. Total liabilities	35.	97		2,000		0
	36. <b>Net assets</b>	36.	3,796,330		3,793,130		0

Form **990PF****Tax Return History****2017**

Use the 2Yr Report for more recent historical information

Name

**CROSSER FAMILY FOUNDATION, INC.**

Taxpayer Identification Number

**35-2145332**

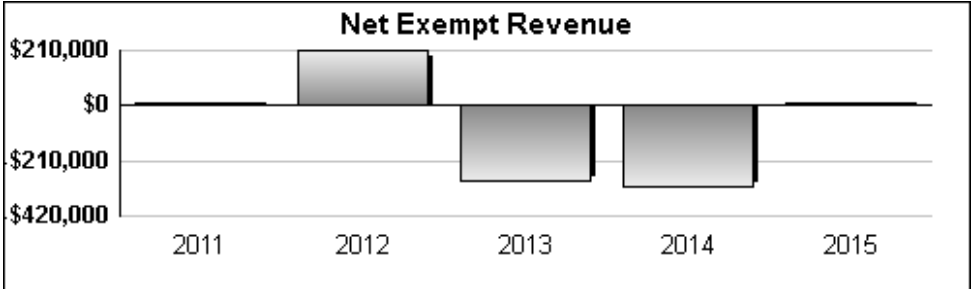
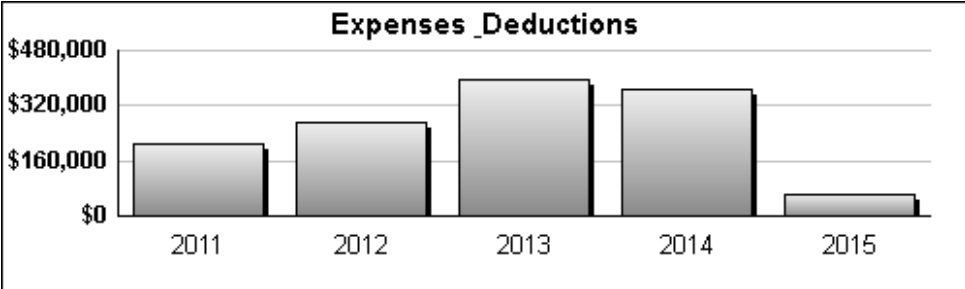
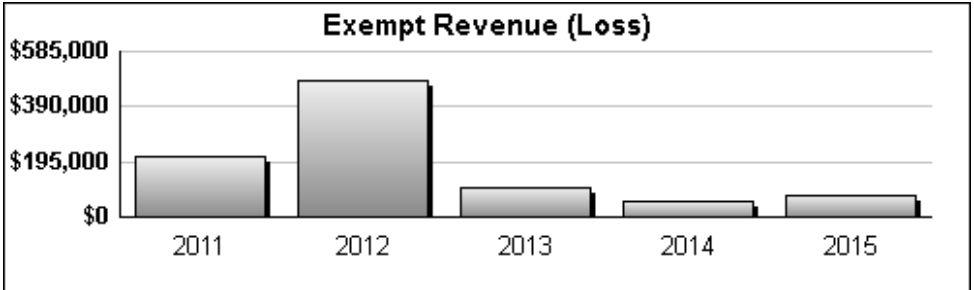
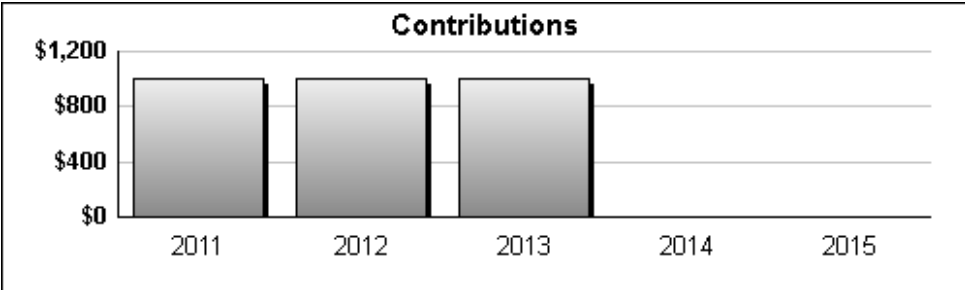
		2013		2014		2015	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
<b>Revenue</b>	1. Contributions, gifts, grants, and similar amounts received	1,000		1,000		1,000	
	2. Interest on savings and temporary cash investments	2,759	2,759	2,078	2,078	1,537	1,537
	3. Dividends and interest from securities	89,345	89,345	91,496	91,496	87,116	87,116
	4. Gross rents						
	5. Net gain or (loss) from sale of assets	119,362		384,956		16,747	
	6. Capital gain net income		25,334		35,111		18,064
	7. Gross profit or (loss)						
	8. Other income						
	9. <b>Total.</b> Add lines 1 through 8	212,466	117,438	479,530	128,685	106,400	106,717
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.						
	11. Other employee salaries and wages						
	12. Pension plans, employee benefits						
	13. Professional fees	60,878	58,628	63,940	61,690	59,148	56,598
	14. Interest						
	15. Taxes	1,843	1,843	2,039	2,039	1,194	1,194
	16. Depreciation and depletion						
	17. Occupancy						
	18. Other expenses	7,212	7,212	6,540	6,540	3,678	3,678
	19. Contributions, gifts, grants paid	137,464		196,806		332,560	
	20. Total expenses and disbursements. Add lines 10 through 19	207,397	67,683	269,325	70,269	396,580	61,470
21. <b>Net income (if negative investment activity, enter -0-)</b>	5,069	49,755	210,205	58,416	-290,180	45,247	
<b>Taxes</b>	22. Excise Tax		995		1,168		452
	23. Section 511 Tax						
	24. Subtitle A income tax						
	25. <b>Total Taxes</b>		995		1,168		452
	26. Estimates and overpayments credited				1,486		318
<b>Due / Refund</b>	27. Foreign tax withheld						
	28. Other Payments		2,500				
	29. <b>Total payments and credits</b>		2,500		1,486		318
	30. <b>Balance due / (Overpayment)</b>		0		0		134
	31. Overpayment credited to next year		1,486		318		
	32. Penalty		19				
	33. <b>Net due / (Refund)</b>		0		0		134
<b>Other</b>	34. Total assets	4,309,000		4,457,595		3,924,442	
	35. Total liabilities	1,014		0		134	
	36. <b>Net assets</b>	4,307,986		4,457,595		3,924,308	



Form <b>990T</b>	<b>Tax Return History</b>	<b>2017</b>
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Name <b>CROSSER FAMILY FOUNDATION, INC.</b>	Employer Identification Number <b>35-2145332</b>
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	2013	2014	2015	2016	2017	2018
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

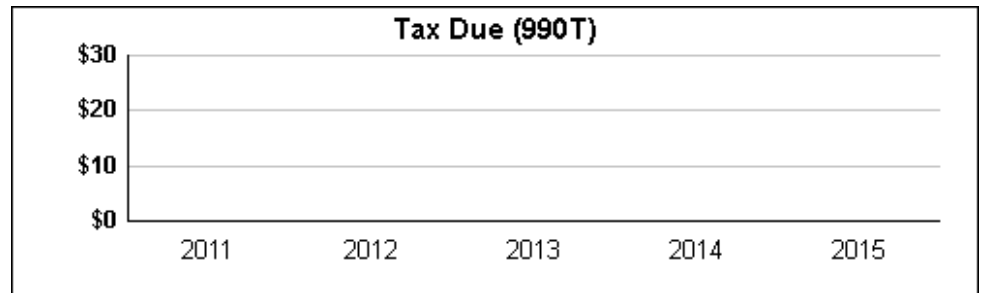
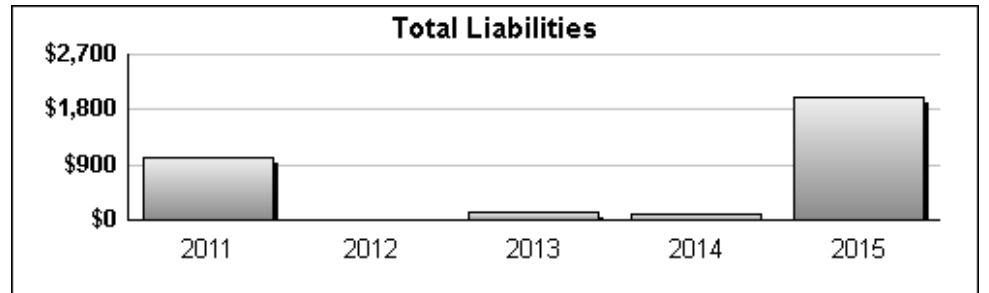
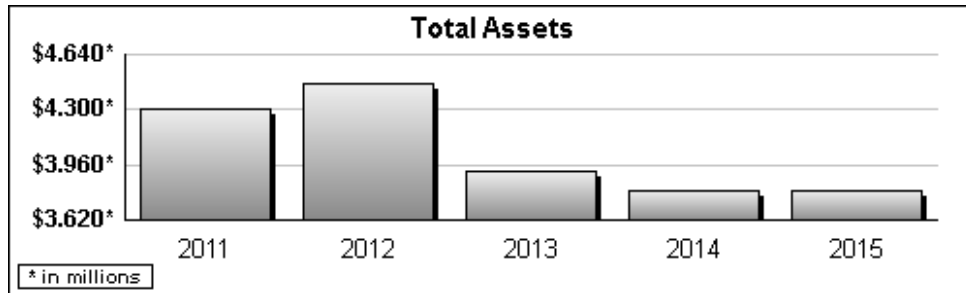


Form <b>990T</b>	<b>Tax Return History</b>	<b>2017</b>
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Name <b>CROSSER FAMILY FOUNDATION, INC.</b>	Employer Identification Number <b>35-2145332</b>
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	2013	2014	2015	2016	2017	2018
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....	1,000					
Income after expense and deductions .....	-1,000					
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses



## Federal Statements

### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>US Obs (\$ or %)</u>
MERRILL LYNCH	\$ 841				
MERRILL LYNCH	483				483\$
CHAGE IN ACCRUED INTEREST					
TOTAL	\$ <u>1,324</u>				

### Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>US Obs (\$ or %)</u>
MERRILL LYNCH	\$ 73,253				
TOTAL	\$ <u>73,253</u>				