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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

Name of foundation THE MCCORMICK FAMILY FOUNDATIONINC		A Employer identification number 35-2016398	
Number and street (or P O box number if mail is not delivered to street address) 2500 GRANDVIEW DR		B Telephone number (see instructions)	
City or town, state or province, country, and ZIP or foreign postal code VINCENNES, IN 47591		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		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)▶\$ 3,188,883		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	5,000			
	2 Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	6	6	6	
	4 Dividends and interest from securities.	66,748	66,748	66,748	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	57,418			
	b Gross sales price for all assets on line 6a <u>92,077</u>				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	129,172	66,754	66,754	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) 	1,695			
	c Other professional fees (attach schedule) 	2,925			
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 	628			
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) 	273			
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	5,521	0		0
	25 Contributions, gifts, grants paid	114,575			114,575
	26 Total expenses and disbursements. Add lines 24 and 25	120,096	0		114,575
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	9,076			
	b Net investment income (if negative, enter -0-)		66,754		
	c Adjusted net income (if negative, enter -0-)			66,754	

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	-7,882	35,853	35,853
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	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)	885,042	850,383	3,153,030
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	877,160	886,236	3,188,883	
Liabilities	17	Accounts payable and accrued expenses			
	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 ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	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	877,160	886,236	
	30	Total net assets or fund balances (see instructions)	877,160	886,236	
31	Total liabilities and net assets/fund balances (see instructions) . . .	877,160	886,236		

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	877,160
2	Enter amount from Part I, line 27a	2	9,076
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	886,236
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	886,236

(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.)
1a			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	
3	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	<div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> <div>.</div> </div>	3	

(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 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))	
2013	118,772	2,615,350	0.045413	
2012	119,100	2,264,575	0.052593	
2011	81,347	1,904,583	0.042711	
2010	75,568	1,827,683	0.041346	
2009	71,793	1,632,138	0.043987	
2	Total of line 1, column (d).		2	0.226050
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years.		3	0.045210
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.		4	2,910,784
5	Multiply line 4 by line 3.		5	131,597
6	Enter 1% of net investment income (1% of Part I, line 27b).		6	668
7	Add lines 5 and 6.		7	132,265
8	Enter qualifying distributions from Part XII, line 4.		8	114,575
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.				

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	1,335
c		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3		Add lines 1 and 2.		3	1,335
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1,335
6		Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	640		
b	Exempt foreign organizations—tax withheld at source	6b			
c	Tax paid with application for extension of time to file (Form 8868)	6c			
d	Backup withholding erroneously withheld	6d			
7		Total credits and payments. Add lines 6a through 6d.		7	640
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	695
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-AStatements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ (2) On foundation managers <input type="checkbox"/> \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes.</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> IN			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV.</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of JANE WISSEL Telephone no (812) 882-4360 Located at 1665 OLD US HWY 41 SOUTH VINCENNES IN ZIP+4 47591			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2014, 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?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country				

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? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)?. Yes No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
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 2014?.	1c		
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 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?. Yes No			
b	If "Yes," did it have excess business holdings in 2014 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 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2014?	4b		No

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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No
	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII

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

1 List all officers, directors, trustees, 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
C JAMES MCCORMICK	OFFICER	0	0	0
2500 GRANDVIEW DR VINCENNES,IN 47591	2 00			
CRAIG JANE WISSEL	OFFICER	0	0	0
2289 SOUTH DAYSON DRIVE VINCENNES,IN 47591	1 00			
PATRICK LYNN S MCCORMICK	OFFICER	0	0	0
2812 OLD 41 SOUTH VINCENNES,IN 47591	1 00			
MICHAEL D MARGARET A MCCORMICK	OFFICER	0	0	0
11905 E COUNTY ROAD 500 S ZIONSVILLE,IN 46077	1 00			
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.				

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.		

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	
2	
3	
4	

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.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	2,931,114
b	Average of monthly cash balances.	1b	23,997
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,955,111
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	2,955,111
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	44,327
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,910,784
6	Minimum investment return. Enter 5% of line 5.	6	145,539

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.)

1	Minimum investment return from Part X, line 6.	1	145,539
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	1,335
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,335
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	144,204
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	144,204
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	144,204

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	114,575
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	114,575
5	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).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	114,575

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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				144,204
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			16,773	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 114,575				
a Applied to 2013, but not more than line 2a			16,773	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2014 distributable amount.				97,802
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				46,402
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .				

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. . . .

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

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

■ 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))

• 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

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. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

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)				
a Paid during the year See Additional Data Table				
Total			3a	114,575
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2014)

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
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				

[illegible]

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

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship


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.

<p>*****</p> <p>_____ Signature of officer or trustee</p>	<p>2015-04-08</p> <p>_____ Date</p>	<p>*****</p> <p>_____ Title</p>
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May the IRS discuss this return with the preparer shown below (see instr)? ☐ Yes ☒ No

Paid Preparer Use Only	Print/Type preparer's name EDGAR R MCGONIGAL	Preparer's Signature	Date 2015-03-27	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00971356
	Firm's name <input checked="" type="checkbox"/> EDGAR R MCGONIGAL CPA PA			Firm's EIN <input checked="" type="checkbox"/>	27-1877894
	Firm's address <input checked="" type="checkbox"/> 322 E CENTRAL BLVD UNIT 605 ORLANDO, FL 328014317			Phone no	(407) 927-5520


Form 990PF Part XV Line 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)				
a Paid during the year				
ALPHA GAMMA RHO EDUCATION FOUNDATION 10101 NW AMBASSADOR DRIVE KANSAS CITY,MO 64153	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
ANGEL MINISTRIES 5115 HOLLYRIDGE DR RALEIGH,NC 27612	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
ASAP 3042 EAST STATE ROAD 61 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	150
ASPCA PO BOX 96929 WASHINGTON,DC 20090	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	25
BOYS TOWN 200 FLANAGAN BLVD BOYS TOWN,NE 68010	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
BUFFALO TRACE COUNCIL BOY SCOUTS OF AMERICA 3501 EAST LLOYD EXPRESSWA EVANSVILLE,IN 47715	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
CHILDREN AND FAMILY SVCS 105 BROADWAY ST VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,500
CHILDRENS MIRACLE NETWORK 3042 EAST STATE ROAD 61 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
CHRISTIAN EDUC FOUNDAT 229 CHURCH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
COMMUNITY METHODIST CHURCH 1548 SOUTH HART STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	2,000
COMMUNITY UNITED METHODIS 1548 S HART STREET RD VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
DECKER HS ALUMNI SCHOLARS 1442 EAST BLOEBAUM ROAD VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
FCA 2230 STAFFORD ROAD SUITE 115 PLAINFIELD,IN 46168	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
GOOD SAMARITAN HOSPICE 520 S SEVENTH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
GOOD SAMARITAN HOSPICE 520 S SEVENTH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	2,000
Total  3a				114,575

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
GOOD SAMARITAN HOSPITAL FOUNDATION 520 SOUTH SEVENTH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	200
GOOD SAMARITAN HOSPITAL FOUNDATION 520 SOUTH SEVENTH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	5,000
GROUSELAND FOUNDATION INC 3 WEST SCOTT STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
HADI TEMPLE PO BOX 1 EVANSVILLE,IN 47701	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	80
HADI SHRINE 6 WALNUT STREET EVANSVILLE,IN 47708	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	60
HADI TEMPLE 6 WALNUT STREET EVANSVILLE,IN 47708	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	35
HEART TO HEART 1404 NORTH 4TH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
HIGHER BOUND INC 300 NORTH 5TH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
IND MASONIC HOME FOUNDATI PO BOX 44210 INDIANAPOLIS,IN 46244	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
INDIANA 4-H FOUNDATION 615 W STATE STREET WEST LAFAYETTE,IN 47907	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
INDIANA GOLF FOUNDATION PO BOX 516 FRANKLIN,IN 46131	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	25
INDIANA MILITARY MUSEUM PO BOX 977 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
JOE BLACK OUR GANG 4-H CLUB PO BOX 202 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
JUNIOR ACHIEVEMENT OF SWIND 101 NORTH 3RD STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	4,000
KCARC 2525 N 6TH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	30
Total  3a				114,575


Form 990PF Part XV Line 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)				
a Paid during the year				
KIWANIS CHILDRENS FUND KIWANIS INTERNATIONAL 3636 WOODVIEW TRACE INDIANAPOLIS,IN 46268	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	135
KNIGHTS TEMPLAR EYE FOUND 1033 LONG PRAIRIE RD SUITE 5 FLOWER MOUND,TX 75022	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	30
KNOW CO COMMUNITY FOUNDATION PO BOX 273 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
KNOX CO COMMUNITY FOUNDATION PO BOX 273 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
KNOX CO COMMUNITY FOUNDATION PO BOX 273 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	4,000
KNOX CO COMMUNITY FOUNDATION PO BOX 273 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
KNOX CO HABITAT FOR HUMAN PO BOX 157 WHEATLAND,IN 47597	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	2,500
KNOX CO HUMANE SOCIETY PO BOX 64 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	10
KNOX COUNTY EXTENSION HOMEMAKERS 4259 N PURDUE ROAD VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	200
LEAGUE OF WOMEN VOTERS OF KNOX COUNTY PO BOX 1366 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
LHS ACADEMIC SOCIETY 1545 S HART ST VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
LHSCMS BAND BOOSTERS PO BOX 591 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
MAKE-A-WISH FOUNDATION PO BOX 97104 WASHINGTON,DC 20090	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
MAYO CLINIC 200 FIRST STREET SW ROCHESTER,MN 55905	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
MAYO CLINIC 200 FIRST STREET SW ROCHESTER,MN 55905	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	2,000
Total  3a				114,575


Form 990PF Part XV Line 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)				
a Paid during the year				
MENTAL HEALTH AMERICA OF KNOX CO PO BOX 859 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
OLD NORTHWEST CORP 1409 AUDUBON ROAD VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	125
OLD TOWN PLAYERS PO BOX 855 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,500
PACE COMMUNITY ACTION AGY 525 NORTH 4TH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
PALM HARBOR UNITED METHOD IST CHURCH 1551 BELCHER ROAD PALM HARBOR,FL 34683	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
PAN-AMERICAN MISSION INC PO BOX 429 NEWBERG,OR 97132	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
PARALYZED VETERANS OF AMERICA PO BOX 921 WILTON,NH 03086	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	10
RADIANT CHRISTIAN LIFE 16162 CAREY ROAD WESTFIELD,IN 46074	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
RED SKELTON MUSEUM FOUNDATION 20 RED SKELTON BLVD VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	700
RED SKELTON MUSEUM FOUNDATION 20 RED SKELTON BLVD VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	3,500
RED SKELTON MUSEUM FOUNDATION 20 RED SKELTON BLVD VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
RED SKELTON MUSEUM FOUNDATION INC 20 RED SKELTON BLVD VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	2,500
RILEY CHILDRENS FOUNDATIO 30 S MERIDIAN ST STE 200 INDIANAPOLIS,IN 46204	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	2,000
SALVATION ARMY PO BOX 293 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
SRBF SCOTTISH RITE CHARITIES PO BOX 859 LEWISTON,ME 04243	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
Total  3a				114,575


Form 990PF Part XV Line 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)				
a Paid during the year				
SHOP WITH A COP VINCENNES POLICE 501 BUSSERON STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	350
SISTERS OF ST BENEDICT 802 E 10TH ST FERDINAND,IN 47532	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,250
SOUTH KNOX EDUCATION FOUN 6116 E STATE ROAD 61 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
SOUTHERN IN FCA 3987 WEST ALLISON COURT BLOOMINGTON,IN 47404	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
SPCA INTERNATIONAL PO BOX 92240 WASHINGTON,DC 20090	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	10
SPECIAL OLYMPICS 720 WEST 4TH STREET BICKNELL,IN 47512	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
SPECIAL OLYMPICS INDIANA PO BOX 497 INDIANAPOLIS,IN 46206	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
ST MEINRAD SCH OF THEOLOG 200 HILL DRIVE MEINRAD,IN 47577	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
THE INDIANA ACADEMY 30 SOUTH MERIDIAN ST 800 INDIANAPOLIS,IN 46204	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
UNITED WAY OF KNOX CO PO BOX 198 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	5,000
US OLYMPIC COMMITTEE PO BOX 7010 ALBERT LEA,MN 56007	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	20
VINCENNES FIRE DEPARTMENT 928 VIGO STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
VINCENNES TWP VOL FIRE DE PO BOX 575 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
VINCENNES UNIVERSITY FOUN 1002 N FIRST STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	5,000
VINCENNES UNIVERSITY FOUNDATION 1002 N FIRST STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	30
Total  3a				114,575

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
YMCA 2010 COLLEGE AVENUE VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
YMCA 2010 COLLEGE AVENUE VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	2,500
LAWRENCEVILLE-VINCENNES AIRPORT DEV ROUTE 4 LAWRENCEVILLE,IL 62439	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
HERITAGE CHRISTIAN SCHOOL 6401 EAST 75TH STREET INDIANAPOLIS,IN 46250	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
VINCENNES FOOD PANTRY PO BOX 1235 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
CEF 229 CHURCH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
VINCENNES LODGE NO 1 PO BOX 1 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
AATH 20 RED SKELTON BLVD VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	300
HELPING HIS HANDS DISASTER RESPONSE 102 LYNDAL AVENUE VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
FIRST BAPTIST CHURCH VINCENNES VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECEIPIENT	500
VINCENNES KIWANIS PO BOX 902 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
VINCENNES UNIVERSITY ALUMNI COMMUNI 1002 NORTH FIRST ST DC-3 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,800
COURT APPOINTED SPECIAL ADVOCATES 105 BROADWAY ST VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
THE HUMANE SOCIETY OF UNITED STATES PO BOX 52137 PHOENIX,AZ 85072	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	10
YMCA 2010 COLLEGE AVENUE VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
Total  3a				114,575

Form 990PF Part XV Line 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)				
a Paid during the year				
PAN AMERICAN MISSION PO BOX 429 NEWBERG,OR 97132	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
INNISBROOK ASSOC SCHOLARSHIP FUND 36750 US HWY 19 N PALM HARBOR,FL 34684	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
ROCKVILLE FIRST UNITED METHODIST CH PO BOX 142 ROCKVILLE,IN 47872	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
UPPER INDIANA CEMETERY ASSOC 2109 NORTH OLD BRUCEVILLE VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
HARMONY SOCIETY BUILDING FUND 111 NORTH 2ND STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	200
SAINT MEINRAD SEMINARY 200 HILL DRIVE ST MEINRAD,IN 47577	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
KNOX COUNTY HUMANE SOCIETY PO BOX 64 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
BRAIN ANEURYSM FOUNDATION 269 HANOVER STREET HANOVER,MA 02339	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
NATIONAL AIR AND SPACE MUSEUM PO BOX 92192 WASHINGTON,DC 20090	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
SCOTTISH RITE COMMUNITY CENTER 203 CHESTNUT STREET EVANSVILLE,IN 47713	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
VINCENNES UNIVERSITY FOUNDATION 1002 NORTH FIRST STREET D VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
COMMUNITY UNITED METHODIST CHURCH 1548 SOUTH HART ST ROAD VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	100
INNISBROOK ASSOC SCHOLARSHIP FUND 36750 US HWY 19 NORTH PALM HARBOR,FL 34684	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
VINCENNES UNIVERSITY CAMPUS MINISTR 1002 NORTH 1ST STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
KCARC 2525 NORTH 6TH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	10,000
Total  3a				114,575

Form 990PF Part XV Line 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)				
a Paid during the year				
SCOTTISH RITE COMMUNITY CENTER 203 CHESTNUT STREET EVANSVILLE,IN 47713	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
SCOTTISH RITE FREEMASONRY PO BOX 519 LEXINGTON,MA 02420	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	40
GRAND LODGE OF INDIANA F&AM PO BOX 44210 INDIANAPOLIS,IN 46244	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	50
VINCENNES SWIM TEAM VINCENNES VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
VINCENNES UNIVERSITY FOUNDATION 1002 NORTH 1ST STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
LHSCCLARK BAND BOOSTERS PO BOX 591 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
MIDWEST FOOD BANK 6450 SOUTH BELMONT AVE INDIANAPOLIS,IN 46217	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
CICF INDIANA BICENTENNIAL FUND 140 NORTH SENATE ROOM 410 INDIANAPOLIS,IN 46204	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
HELPING HIS HANDS DISASTER RESPONSE 102 LYNDAL AVE VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
SOUTH KNOX EDUCATION FOUNDATION 6116 EAST STATE ROAD 61 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
KNOX COUNTY HABITAT FOR HUMANITY PO BOX 157 VINCENNES,IN 47591	UNRELATD		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
VINCENNES FOOD PANTRY PO BOX 1235 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
COMMUNITY UNITED METHODIST CHURCH 1548 SOUTH HART STREET RD VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
KNOX COUNTY HUMANE SOCIETY PO BOX 64 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	500
VINCENNES LODGE NO 1 PO BOX 1 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	250
Total 3a				114,575

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
SHRINERS CHILDRENS FUND PO BOX 9506 WILTON,NH 03086	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	50
HEART TO HEART 1404 NORTH 4TH STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	1,000
VINCENNES UNIVERSITY FOUNDATION 1002 NORTH FIRST STREET VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	5,000
DISABLED VETERANS NATIONAL FOUNDAT PO BOX 96648 WASHINGTON,DC 20090	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	15
KNOX COMMUNITY FOUNDATION PO BOX 273 VINCENNES,IN 47591	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	200
NATIONAL AIR AND SPACE SOCIETY PO BOX 92192 WASHINGTON,DC 20090	UNRELATED		SUPPORT PUBLIC PURPOSE OF RECIPIENT	35
Total			3a	114,575

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>THE MCCORMICK FAMILY FOUNDATIONINC</div>	<div>Employer identification number</div> <div>35-2016398</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>	C JAMES MCCORMICK 2136 GLENBROOK CLOSE PALM HARBOR, FL 346831558	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u> </u>		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u> </u>		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u> </u>		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u> </u>		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u> </u>		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u> </u>		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization THE MCCORMICK FAMILY FOUNDATIONINC	Employer identification number 35-2016398
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Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	_____ \$	_____

Name of organization THE MCCORMICK FAMILY FOUNDATIONINC	Employer identification number 35-2016398
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed.
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____ _____	_____ _____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____ _____	_____ _____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____ _____	_____ _____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____ _____	_____ _____ _____	

TY 2014 Accounting Fees Schedule

Name: THE MCCORMICK FAMILY FOUNDATIONINC

EIN: 35-2016398

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT ACCOUNTING FEES	1,695			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name: THE MCCORMICK FAMILY FOUNDATIONINC

EIN: 35-2016398

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
GERMAN AMERICAN/DOLLAR GENERAL		PURCHASE			92,077	34,659			57,418	

**TY 2014 Investments Corporate
Stock Schedule****Name:** THE MCCORMICK FAMILY FOUNDATIONINC**EIN:** 35-2016398

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	850,383	3,153,030

TY 2014 Other Expenses Schedule**Name:** THE MCCORMICK FAMILY FOUNDATIONINC**EIN:** 35-2016398

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
FILING FEES	104			
INVESTMENT FEES	169			

TY 2014 Other Professional Fees Schedule

Name: THE MCCORMICK FAMILY FOUNDATIONINC

EIN: 35-2016398

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT OTHER PROFESSIONAL FEES	2,925			

TY 2014 Taxes Schedule

Name: THE MCCORMICK FAMILY FOUNDATIONINC

EIN: 35-2016398

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL INCOME TAX	628			