<sub>Form</sub> 990-PF

**Return of Private Foundation** 

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

OMB No. 1545-0052

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 for instructions and the latest information.

Open to Public Inspection

F	or cale	ndar year 2018 or tax year beginning	, 2	018, and e	ending		, 20
	ame of fo	undation				er identification numb	er
	AL	LES FOUNDATION INCORPOR	ATED		20	-801523	3 <i>8</i>
N		d street (or P.O. box number if mail is not delivered to street address)	Ro	oom/suite	B Telepho	ne number (see instruc	tions)
	23	35 WOODWARD DRIVE			8/2	2- <i>985-31</i>	07
C	ty or tow	n, state or province, country, and ZIP or foreign postal code	•		C If exemp	otion application is pend	ling, check here ▶
	E	JANSVILLE, IN 47712					
G	Chec	k all that apply:   Initial return  Initial return	n of a former pub	olic charity	D 1. Foreig	n organizations, check	here . ▶ □
		☐ Final return ☐ Amended		ĺ	2 Foresc	ın organizations meetin	a the 85% test
_		Address change Name cha			↑ check	here and attach comp	utation · •
H		k type of organization: Section 501(c)(3) exempt p				o foundation status was 507(b)(1)(A), check here	
Ļ		on 4947(a)(1) nonexempt charitable trust			555		, .
ı		market value of all assets at J Accounting method	d: Ło⊈ Cash ∐	Accrual		ındation is in a 60-mon	
		of year (from Part II, col. (c), Other (specify)			under se	ection 507(b)(1)(B), chec	k here ▶ 🗌
_		6) ► \$ /380679 (Part I, column (d) must be	e on cash basis.)			<del>,</del>	
	Part I	• • • • • • • • • • • • • • • • • • • •	(a) Revenue and	(b) Net	ınvestment	(c) Adjusted net	(d) Disbursements for charitable
<i>,</i>		amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a) (see instructions).)	expenses per books		come	income	purposes
<u> </u>			2		<del> ·</del>		(cash basis only)
1	1 2	Contributions, gifts, grants, etc., received (attach schedule)	<i>D</i>			<del>                                     </del>	
1	2 3	Check ► ☐ if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments	9564	-	-111	1	,
	4	Dividends and interest from securities	47703	45	125	1207	
	5a	Gross rents	91100			97103	
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10					
S	2 b	Gross sales price for all assets on line 6a	<del></del>	<del>                                     </del>	. ,		-
Ö	7	Capital gain net income (from Part IV, line 2)			0		
20	8	Net short-term capital gain		<del></del>	<u> </u>		
Ē	9	Income modifications			<del></del>		
SCANNED MAY	10a	Gross sales less returns and allowances	,			,	
<b>=</b>	Ь	Less: Cost of goods sold					
₹	С	Gross profit or (loss) (attach schedule)					
_	11	Other income (attach schedule)					
_ م	12	Total. Add lines 1 through 11	57267	97	739	57267	1
ي ر	, 13	Compensation of officers, directors, trustees, etc.					
	14	Other employee salaries and wages					
9	15	Pension plans, employee benefits					
}	† 16a	Legal fees (attach schedule)					
٥	b	Accounting fees (attach schedule)	<u> </u>			-	
į	C	Other professional fees (attach schedule)					
+	17	Interest	00		DECE	VED	
	18		93	++-	RECE	18	-
<u> </u>	19	Depreciation (attach schedule) and depletion		18	4 D D A		
4	20	Occupancy		10	APR 0	2 2013	<del></del>
7	21 22	Printing and publications		-1-10-			· ,
ā	23	Other expenses (attach schedule)		_	OGDE	N, UT	
٤.	24	Total operating and administrative expenses.		<del>-   -  </del>			
Onerating and Administrative Ev	<u> </u>	Add lines 13 through 23	93				
٥	25	Contributions, gifts, grants paid	73050			<del>-,</del>	
C	26	Total expenses and disbursements. Add lines 24 and 25	73143	<del> </del>			73142
	27	Subtract line 26 from line 12:					12/13
	a	Excess of revenue over expenses and disbursements	(15876)	<b>&gt;</b>		e w trach	
	b	Net investment income (if negative, enter -0-)		97	34		*
	С			1,1	A 4 4 1 1	57267	10.40

G18 24

Рa	ırt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	Er	nd of year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	36682	27338	27338
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶	1		
	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 ▶			
g	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·	
As	10a	Investments – U.S. and state government obligations (attach schedule)	1427440	1420908	3 1353341
-	b	Investments—corporate stock (attach schedule)	7.7	7 30 10 2	
	С	Investments—corporate bonds (attach schedule)		<del></del>	
	11	Investments—land, buildings, and equipment: basis ▶	- <del> </del>		
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments-mortgage loans		· · · · · · · · · · · · · · · · · · ·	
	13	Investments—other (attach schedule)			<del></del>
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶	<del></del>	` <del></del>	
	15	Other assets (describe ▶	<del></del>		<del></del>
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	1464122	1448246	1380679
_	17	Accounts payable and accrued expenses	, , , , , , , , , , , , , , , , , , , ,		
	18	Grants payable			
<u>e</u>	19	Deferred revenue			i
Liabilitles	20	Loans from officers, directors, trustees, and other disqualified persons	<del></del>	<u> </u>	
ap	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶			
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here ▶ □			
lances		and complete lines 24 through 26, and lines 30 and 31.			1
Ĕ	24	Unrestricted			]
<u>#</u>	25	Temporarily restricted			
<b>=</b>	26	Permanently restricted			
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds	1464122	1448246	.
\$	28	Paid-in or capital surplus, or land, bldg., and equipment fund	775772	7 7 70270	<u> </u>
Se	29	Retained earnings, accumulated income, endowment, or other funds	<del></del>		<del></del> -
A	30	Total net assets or fund balances (see instructions)	1464122	1448246	
Net	31	Total liabilities and net assets/fund balances (see	1464122	1448246	
Dο	rt III	Analysis of Changes in Net Assets or Fund Balances	1767124	1740210	
_			mm (a) line 00 /====	4 ogras ::::::::::::::::::::::::::::::::::::	
7		I net assets or fund balances at beginning of year—Part II, coluit-of-year figure reported on prior year's return)			1 1464122
2	Ente	r amount from Part I, line 27a			2 (15876)
3	Othe	er increases not included in line 2 (itemize)			3 —
4	Add	lines 1, 2, and 3			1448246
5	Decr	reases not included in line 2 (itemize) ▶			5
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), lii	ne 30 (	6 1448246
					- 000 DE

Part	V Capital Gains an	d Losses for Tax on Investi	nent income			
		und(s) of property sold (for example, real euse; 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	MIAMI-DADE C	STYFLA AVIATION P	EV	P	8-12-11	10-1-18
b	VERMONT ST. S		CORP	ρ	6-21-16	6-15-18
_ c	VERMONT ST :	STUDENT ASSISTANCE	OPP	P	6-21-16	12-17-18
d	INDIANA ST	FIN AUTH REV		P	5-30-14	5-1-18
е	ALDINE TX 10	IDOT SCH DIST		P	7-19-11	2-15-18
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) f) minus (g))
a	30000.00		30000	.00	~0	7-
<u>b</u>	5000,00		5072.	20	(72.:	20)
<u> </u>	<u> 15000,00</u>		5068.		566.1	(2)
<u>d</u>	15000.00			,30	77.7	<i>10</i>
<u> </u>	80000.00		80000.		-0	
	Complete only for assets sh	owing gain in column (h) and owned	by the foundation	on 12/31/69.		. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any		t less than -0-) <b>or</b> from col. (h))
a				·		
<u> </u>						<del> </del>
c						
<u>d</u>					· · · · · · · · · · · · · · · · · · ·	<del></del>
e			L		<del></del>	
2	Capital gain net income of	or mercapitarioss) ( " " "	also enter in Pa , enter -0- in Par		2 6	0.67)
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss)	, enter -0- in }	3	•
Part	V Qualification Unc	der Section 4940(e) for Redu	iced Tax on N	et Investment		<del></del>
If sect	ion 4940(d)(2) applies, leav	ivate foundations subject to the rethis part blank.  section 4942 tax on the distribution and section 4940 (e). Do	table amount of	any year in the b	·	☐ Yes ☑ No
1		ount in each column for each year			aking any entries	
	(a)  Base period years ndar year (or tax year beginning in	(b)		(c) nonchantable-use as	Dist	(d) ribution ratio divided by col. (c))
	2017					
	2016					
	2015					
	2014					
	2013	L	i			·
2	Total of line 1, column (d	)			. 2	
3		for the 5-year base period—divoundation has been in existence			by <b>3</b>	
4	Enter the net value of nor	charitable-use assets for 2018 fi	rom Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	nt income (1% of Part I, line 27b	)		. 6	
7	Add lines 5 and 6				. 7	
8		ons from Part XII, line 4 ater than line 7, check the box in			. 8	% toy rate Co. H.
	Part VI instructions.	ater trial line 1, Check the DOX If	i rant vi, iiile 10	, and complete t	nat part using a 1	70 tax rate. See the

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instr	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \to  and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	<del></del>		ļl
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		95	<del>  -  </del>
Ü	here ▶ ☐ and enter 1% of Part I, line 27b			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		n	
3	Add lines 1 and 2		95	$\vdash$
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	<del> </del>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	16	75	_
6	Credits/Payments:			
а	2018 estimated tax payments and 2017 overpayment credited to 2018   6a			1 1
b	Exempt foreign organizations—tax withheld at source 6b			•
c	Tax paid with application for extension of time to file (Form 8868) . 6c			
đ	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached			<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	10	95	<b>—</b>
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 2019 estimated tax ▶ Refunded ▶ 11			
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
	participate or intervene in any political campaign?	1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	16		ہ
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1
	published or distributed by the foundation in connection with the activities.	1 '	1	
c	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. ▶ \$		1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		حد
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? If "Yes," attach a conformed copy of the changes .	3		~
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
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?	5		Z
_	If "Yes," attach the statement required by General Instruction T.			
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	$\overline{x}$	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	Ĺ
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
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? If "No," attach explanation		X	
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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9		ر حد
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			<u>.</u> Y

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	11		X
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		/د
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address > al/A			
14	The books are in care of ► GARY ALLES  Located at ► 235 WOODWARD DRIVE EVANSVILLE, IN ZIP+4 ► 4777	25	-3/	07
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		•	<b>D</b>
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		
	the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		<u> </u>
	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☐ Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☐ Yes			
	(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)?			
	(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			
la.	termination of government service, if terminating within 90 days.)			
D	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	1b	<b></b>	
	Organizations relying on a current notice regarding disaster assistance, check here			1
¢	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 2018?	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)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?		į	[
ь	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			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
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.		-	- 1
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
<b>5</b> a	at any time during the year?		•	
b	If "Yes," did it have excess business holdings in 2018 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			1
	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 2018.)			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a		7
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	-rei		~
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		マ

Pari	<b>VILES</b> Statements Regarding Activities	S IOI WINCH FUILL	TIZO May DO I	rodan oa loo	nunueuj			
5a	During the year, did the foundation pay or incur	any amount to:	<del></del>				Yes	No
	(1) Carry on propaganda, or otherwise attempt t	to influence legislation	on (section 4945(e	))? . 🗆 <b>Y</b> e	es [∆]No	· [		
	(2) Influence the outcome of any specific public	c election (see sect	ion 4955); or to c	arry on,				
	directly or indirectly, any voter registration dr	ive?		· · · 🔲 😘	s <b>∑</b> 7No	. ]		
	(3) Provide a grant to an individual for travel, stu	dy, or other similar	purposes?	□Ye	s ⊠No	. [		
	(4) Provide a grant to an organization other than							
	section 4945(d)(4)(A)? See instructions			🗆 <b>Y</b> e	s Mo			
	(5) Provide for any purpose other than religious			_		1		
	purposes, or for the prevention of cruelty to		•		s XNo	.		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				_	1		
	in Regulations section 53.4945 or in a current no					5b		
	Organizations relying on a current notice regardi				. ∳□	. —		
С	If the answer is "Yes" to question 5a(4), does t	-						
•	because it maintained expenditure responsibility		-	ALA DY	s 🗍 No	. ]		
	If "Yes," attach the statement required by Regula				٠٠			
6a	Did the foundation, during the year, receive any			emiums				
				· · □ Y	s DNo			
b	Did the foundation, during the year, pay premium	ns. directly or indire	ctly, on a persona	_	•	6b		7
	If "Yes" to 6b, file Form 8870.	,	<b>,,</b>					
7a	At any time during the tax year, was the foundation	a party to a prohibited	d tax shelter transa	ction?	s XNo	.		
Ь	If "Yes," did the foundation receive any proceed	• •			tion? .	7b		
8	Is the foundation subject to the section 4960 ta	x on payment(s) of	more than \$1,000	0,000 in				
	remuneration or excess parachute payment(s) de	uring the year?	. <u></u>	· · · 🔲 Ye	es 🗷 No			
Par	VIII Information About Officers, Direc	tors, Trustees, F	oundation Man	agers, Highl	y Paid E	mploy	ees,	
	and Contractors	<del> </del>						
1	List all officers, directors, trustees, and found		<del> </del>	<del></del>				
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid,	(d) Contribut employee ben		(e) Expe	nse acc	
			'a-ta- 0 \'					CO3
a		devoted to position	enter -0-)	and deferred cor	npensation			
61	PRY JALLES 235 WOODWARD	devoted to position	enter -0-)	and deterred cor	mpensation		7	<del></del>
6!	ARY JALLES 235 WOODWARD EVANSVILLE, IN 47712	devoted to position	O	and deterred cor	mpensation	(	2	
61 KI	PRY JALLES 235 WOODWARD	devoted to position	<i>O</i>	and deterred col	mpensation	(	2	
6! KI	ARY JALLES 235 WOODWARD EVANSVILLE, IN 47712	D  D	0	and deterred col	npensation	2	2	
KI	ARY JALLES 235 WOODWARD EVANSVILLE, IN 47712 MERLY EALLES 235 WOODWARD EVANSVILLE, IN 47712 HLEY EALLES 225 WOODWARD	devoted to position  D  D	0	O O	mpensation	(	2	
KI	ARY JALLES 235 WOODWARD EVANSVILLE, IN 47712	D D O	0	O O	mpensation	2	2 2 2	
KI	ARY JALLES 235 WOODWARD EVANSVILLE, IN 47712 MERLY EALLES 235 WOODWARD EVANSVILLE, IN 47712 HLEY EALLES 225 WOODWARD	D D O	0	O O	mpensation	(	2 2	
KI As	PRY JAMES 235 WOODWARD EVANSVILLE, IN 47712 MERLY E ALLES 235 WOODWARD EVANSVILLE, IN 47712 HLEY E ALLES 235 WOODWARD EVANSVILLE, IN 47712	0 0	0	0 0		(	2 2	enter
KI	ARY JALLES 235 WOODWARD EVANSVILLE, IN 47712 MERLY EALLES 235 WOODWARD EVANSVILLE, IN 47712 HLEY EALLES 225 WOODWARD	0 0	0	0 0		(	) ) one, (	enter
KI As	PAY JAMES 235 WOODWARD EVANSVILLE, IN 47712 MERLY E ALLES 235 WOODWARD EVANSVILLE, IN 47712 HLEY E ALLES 235 WOODWARD EVANSVILLE, IN 47712  Compensation of five highest-paid employee	D D os (other than thos	O O Se included on li	O O O ne 1-see in:	structions	(	) ) one, (	enter
As t	PAY JAMES 235 WOODWARD EVANSVILLE, IN 47712 MERLY E ALLES 235 WOODWARD EVANSVILLE, IN 47712 HLEY E ALLES 235 WOODWARD EVANSVILLE, IN 47712  Compensation of five highest-paid employee	O O os (other than thos	O O Se included on li	O O O O O O O O O O O O O O O O O O O	structions tnbutions to	(e) Expe	nse acc	count,
As t	PRY JAMES 235 WOODWARD  EVANSVILLE, IN 47712  MERLY E ALLES 235 WOODWARD  EVANSVILLE, IN 47712  HLEY E ALLES 225 WOODWARD  EVANSVILLE, IN 47712  Compensation of five highest-paid employed  "NONE."	O O os (other than thos	Se included on li	ne 1—see in:  (d) Company of the semplo plans are plans are	<b>structions</b>	(e) Expe		count,
As t	PRY JAMES 235 WOODWARD  EVANSVILLE, IN 47712  MERLY E ALLES 235 WOODWARD  EVANSVILLE, IN 47712  HLEY E ALLES 225 WOODWARD  EVANSVILLE, IN 47712  Compensation of five highest-paid employed  "NONE."	ces (other than those thours per vision of the control of the cont	Se included on li	ne 1—see in:  (d) Company of the semplo plans are plans are	structions inbutions to yee benefit and deferred	(e) Expe	nse acc	count,
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As t	PRY JAMES 235 WOODWARD  EVANSVILLE, IN 47712  MERLY E ALLES 235 WOODWARD  EVANSVILLE, IN 47712  HLEY E ALLES 225 WOODWARD  EVANSVILLE, IN 47712  Compensation of five highest-paid employed  "NONE."	ces (other than those thours per vision of the control of the cont	Se included on li	ne 1—see in:  (d) Company of the complex of the company of the com	structions inbutions to yee benefit and deferred	(e) Expe	nse acc	count,
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As t	PRY JAMES 235 WOODWARD  EVANSVILLE, IN 47712  MERLY E ALLES 235 WOODWARD  EVANSVILLE, IN 47712  HLEY E ALLES 225 WOODWARD  EVANSVILLE, IN 47712  Compensation of five highest-paid employed  "NONE."	ces (other than those thours per vision of the control of the cont	Se included on li	ne 1—see in:  (d) Company of the complex of the company of the com	structions inbutions to yee benefit and deferred	(e) Expe	nse acc	count,
As t	PRY JAMES 235 WOODWARD  EVANSVILLE, IN 47712  MERLY E ALLES 235 WOODWARD  EVANSVILLE, IN 47712  HLEY E ALLES 225 WOODWARD  EVANSVILLE, IN 47712  Compensation of five highest-paid employed  "NONE."	ces (other than those thours per vision of the control of the cont	Se included on li	ne 1—see in:  (d) Company of the complex of the company of the com	structions inbutions to yee benefit and deferred	(e) Expe	nse acc	count,
As t	PRY JAMES 235 WOODWARD  EVANSVILLE, IN 47712  MERLY E ALLES 235 WOODWARD  EVANSVILLE, IN 47712  HLEY E ALLES 225 WOODWARD  EVANSVILLE, IN 47712  Compensation of five highest-paid employed  "NONE."	ces (other than those thours per vision of the control of the cont	Se included on li	ne 1—see in:  (d) Company of the complex of the company of the com	structions inbutions to yee benefit and deferred	(e) Expe	nse acc	count,
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As t	PRY JAMES 235 WOODWARD  EVANSVILLE, IN 47712  MERLY E ALLES 235 WOODWARD  EVANSVILLE, IN 47712  HLEY E ALLES 225 WOODWARD  EVANSVILLE, IN 47712  Compensation of five highest-paid employed  "NONE."	ces (other than those thours per vision of the control of the cont	Se included on li	ne 1—see in:  (d) Company of the complex of the company of the com	structions inbutions to yee benefit and deferred	(e) Expe	nse acc	count,

Part VIII Information About Officers, Directors, Trustees, Foun and Contractors (continued)	dation Managers, Highly Paid En	ıployees,
3 Five highest-paid independent contractors for professional services.	See instructions. If none, enter "NON!	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
- 110 ALF		
700NL		
<u> </u>		<del></del>
		<del> </del>
,		
Total number of others receiving over \$50,000 for professional services		<del> </del>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include releva	nt statistical information such as the number of	
organizations and other beneficianes served, conferences convened, research papers produced		Expenses
1		
		l
1		
2		
		Í
70 / 10		
3		
		<del> </del>
4		
		ļ
Part IX-B Summary of Program-Related Investments (see instr	auctions)	L
Describe the two largest program-related investments made by the foundation during the tax ye		Amount
1		
, ]	,	
171		ļ
2		
All other program-related investments. See instructions.		
3		
***************************************		
Total. Add lines 1 through 3		
		Form <b>990-PF</b> (201

Part	• Minimum Investment Return (All domestic foundations must complete this part. Foreignee see instructions.)	gn to	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		1390391
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	32010
C	Fair market value of all other assets (see instructions)	1c	1112 2 110 1
d	Total (add lines 1a, b, and c)	1d	1422401
е			
_	1c (attach detailed explanation)	2	,
2		3	1422401
3 4	Subtract line 2 from line 1d	-	1722701
4	,	4	2/336
_	instructions)	5	
5 6	Minimum investment return. Enter 5% of line 5	6	1401065 70053
Part			
rait	and certain foreign organizations, check here ► and do not complete this part.)	ound	ations
1	Minimum investment return from Part X, line 6	1	70053
2a	Tax on investment income for 2018 from Part VI, line 5	H	وروها
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b	1 1	
C	Add lines 2a and 2b	2c	105
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	69858
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	69858
6	Deduction from distributable amount (see instructions)	6	01030
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	H	
-	line 1	7	69858
Part	XII Qualifying Distributions (see instructions)	· • · ·	0.000
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	73143
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:		
а	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	73/43
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	73143
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whe	ther the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		5 000-PE (0010)
			C QQA_DE (2010)

Part	XIII Undistributed Income (see instructi	ions)			
	,	(a) Corpus	(b) Years pnor to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				69858
2	Undistributed income, if any, as of the end of 2018:		· <del>                                    </del>	<del>                                     </del>	01000
a	Enter amount for 2017 only		Í		
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2018:				1
а	From 2013				
b	From 2014				
C	From 2015				
d	From 2016		İ	•	
е	From 2017				
f	Total of lines 3a through e				
4	Qualifying distributions for 2018 from Part XII, line 4: ▶ \$				
а	Applied to 2017, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)		,		
d	Applied to 2018 distributable amount				69838
е	Remaining amount distributed out of corpus	3285			
5	Excess distributions carryover applied to 2018 (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 HOPE PROPERTY OF THE PROPERT			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	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				
đ	Subtract line 6c from line 6b. Taxable amount—see instructions				
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				
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 2013 not applied on line 5 or line / (see instructions).				
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	3285	Maria Maria		
10	Analysis of line 9:				
а	Excess from 2014   2595				
b	Excess from 2015 32.9/0				
C	Excess from 2016				
d	Excess from 2017				
e	Excess from 2018 328.5		1		[

	_	-
D	4	•
PADO		

Part	XIV Private Operating Founda	<b>tions</b> (see instru	ctions 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	r 2018, enter the da	ate of the ruling .	•		
b	Check box to indicate whether the four	ndation is a private	operating foundate	tion described in se	ection 🗌 4942(j)	(3) or 4942(j)(5)
2a		Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(e) Iotai
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,	<del></del>	1		/	
	line 4 for each year listed					
đ	Amounts included in line 2c not used directly	<del></del>	1	1		
	for active conduct of exempt activities				i	
е	Qualifying distributions made directly	<del></del>		/	· · · · · · · · · · · · · · · · · · ·	
_	for active conduct of exempt activities.		İ			
	Subtract line 2d from line 2c			/		}
3	Complete 3a, b, or c for the	— ·	··-	/		
	alternative test relied upon:		/	ľ		
а	"Assets" alternative test—enter:		/	ļ		ļ
_	(1) Value of all assets		/			
	(2) Value of assets qualifying under		/ / /	· · · · · · ·	<del></del>	
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 2/s		<del>/</del>	7.7		
	of minimum investment return shown in Part X, line 6 for each year listed		/			
С	"Support" alternative test—enter:	·	/			
_	(1) Total support other than gross	,	Y			
	investment income (interest,	/	<u> </u>			
	dividends, rents, payments on	/				
	securities loans (section 512(a)(5)), or royalties)	/				
	(2) Support from general public	/				
	and 5 or more exempt	/		1		
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from	/				
	an exempt organization					
	(4) Gross investment income		<u> </u>			
Part		n (Complete th	is part only if the	ne foundation h	ad \$5,000 or me	ore in assets at
	any time during the year-					
1	Information Regarding Foundation			· · · · · · · · · · · · · · · · · · ·		
а	List any managers of the foundation v	-	rted more than 2%	6 of the total contr	ibutions received	by the foundation
	before the close of any tax year (but o	nly if they have co	ontributed more th	an \$5,000). (See s	ection 507(d)(2).)	•
b	List any managers of the foundation					rge portion of the
	ownership of a partnership or other er	ntity) of which the	foundation has a 1	10% or greater inte	erest.	
2	Information Regarding Contribution		· ·	•		
	Check here ►  if the foundation					
	unsolicited requests for funds. If the fo		gifts, grants, etc.,	to individuals or o	rganizations under	r other conditions,
	complete items 2a, b, c, and d. See in			· · · · · · · · · · · · · · · · · · ·		
а	The name, address, and telephone nu	mber or email add	dress of the persor	n to whom applica	tions should be ac	ddressed:
	J 14					
	, v / ) ,			· <del></del>	<del> </del>	<del></del>
b	The form in which applications should	De submitted and	Information and	materials they sho	uld include:	
	NA					
	A section of the sect		<u></u>			
С	Any submission deadlines:	2				
<u>d</u>	Any restrictions or limitations on aw	ards such as h	/ geographical ar	eas charitable fic	alds kinds of incl	titutions or other
u	factors:	a.ac, sucir as D	, goograpilical at	oas, chanable lie	nao, milus VI IIISI	induoria, or other
	NIA					

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient Foundation show any relationship to Purpose of grant or status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year 2050 YOUNG LIFE SON (A)() AND DISADVASTAGED YOUDS P.O. BOX 520 COLDRADO SPAYAGS, CO BO901 1000 DUTRENCH MINISTRIES GERVE COMMUNITY NEEDS 734 W. DELAWARE EGALSVILLE, WY7711 1000 SERVE EDERLY 16 W. VIRGINIA EVANSUILLE, IN 47710 9WIRCA SERVE COMMUNITY NEEDS 1000 PARENTING TIME CENTER. 10 NW 10TH ST. EVANSUILLE, IN 4770B 1000 HOUSING FOR POOR COMMUNITY ONE P.O. BOX 5306 EVALSVILLE, IN 47716 1000 SHELTER FOR POOR UNITED CARING SHELTER 324 NW 6TH ST. EVANSVILLE, IN 4770B 1000 SHELTER FOR POOR MY YEAVON HOMELESS SHETTER 1231 ORINE CLARLE MT. VEANON, IN 47620 2000 AIVEAMEND FOOD PANTAY FOOD FOR POOR ( 2000 505 MULBERRY MT. VERNON, IN 47620 2000 AID DISADVANTAGED YOUTH TRINITY U.C.C. 505 MILBERRY MT VEWON, IN 47620 < 100b GT. VINCENT DEPAUL SEAVE COMMUNITY NEEDS 1231 DRIOLE CLACLE MT. VERNON, IN 47600 - 1800 GLENWOOD NEIGHBORHOOD ASSOCIATION SERVE COMMUNITY LEEDS 1000 P.O. BOX ZOOT EVANSUILE, IN 47728 1000 KAIROS MINISTAIKS PRISON MINISTRY 8133 GAELICAEST DA. NEWBURGHIN 47630 1000 SEAVE COMMUNIN NEEDS HENDEASON HOLY NAME 525 2ND ST. HENDERSON, KY 42420 500 FIRST CHRISTIAN CHURCH SEAVE COMMUNITY NEEDS 1403 COUNTAY CLUB AD. MT. VEDWON, IN 47000 OUR REPEEMER LUTHERAN CHURCH 500 SERVE COMMUNITY NEWS 1011 LINCOLN EVA-SVILLE, IN 47714 RIDING HORE SOLVE, MT. VEONON, IN 47420 POSEY CO. HUMPINE SOCKETY 2000 AID DISADVANTAGED YOUTH 1000 SEAVE COMMUNION NEEDS 300 main ST. MT. VERNON, IN 47620 **b** Approved for future payment Л Total

Part XV

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year SOPLAXII AID STUDENTS IN NEED AGITZ HIGH SCHOOL 2000 350 N. DAEIER BLUD. EVALSVILLE, IN YMIZ MT. YEANON GARDEN CLUB 1000 SERVE COMMUNITY NEED 520 MAIN ST. MT. VERNON, IN 47620 WESTSIDE CATHOLIC SCHOOL 5000 SERVE COMMUNITY NEEDS 1620 GLENDALE EVANSVILLE, IN 47712 5000 SERVE COMMUNITY LEEDS MATER DEI 5000 1300 HARMONY WAY ELANSVILLE IN 47720 HOWEL UMC SEAVE COMMUNITY LEDS 2000 1408 STINSON EVANSVILLE, IN 47712 12000 METHODIST YOUTH HOME AID DISADVANTAGED YOUTH - 500 IIII HERRING AVENUE WACO,TX 7670B SERVE COMMUNITY NEEDS 500 HELFAICH NEIGHBORHOOD ASSOCIATION 514 N. LEMCKE EVALSVILLE, IN 47720 A.R.C. AID DISADVALTAGED YOUR 2500 615 W. VIRGINIA EVANSVILLE, IN 47710 SISTERS OF ST. BELLEDIKT 500 SERVE COMMUNITYNED BOZ E, 10TH ST. FERDINAND, IN 47532 POSEY CO. COMMUNITY FOUNDATION
402 MAIN ST. MT. VERNON, IN 47620 5000 SERVE COMMUNITY NEEDS 1000 SECOVE COMMUNITY NEEDS VAND, CO. AIGHT TO LIFE 20 NW THIRD ST. SUME BIO EVALUTION 1000 EASTER SEALS SERVE COMMUNITY JEEX 3701 BALEMEADE EVALUILLE, IN 47714 5000 SEENE COMME LITY NEEDS ST. BONIFACE 1626 GLENDALE EVANSVILLE, 12 47712 12000 SEANE COMMUNITYNESS BOYS + GIALS CLUBS P.O. BUX 6311 EVANSVILLE, IN 47719 73050.00 3a b Approved for future payment Total 3b

nter gro	oss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by sect	on 512, 513, or 514	⊣ (છ
		(a)	(b)	(c)	(d)	Related or exempt function income
4 Dre	ogram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
a	igrant service revenue.			<del> </del>		
b						1
C				1		
d						
e		<del></del>				<u> </u>
f				1		
g	Fees and contracts from government agencies		<del></del>			
_	mbership dues and assessments		<u></u>	†		
3 Inte	erest on savings and temporary cash investments			19	9564	
	idends and interest from securities			14	47703	
5 Ne	t rental income or (loss) from real estate:					,
а	Debt-financed property					
b	Not debt-financed property					
6 Ne	t rental income or (loss) from personal property					
7 Ott	ner investment income					
8 Gai	n or (loss) from sales of assets other than inventory					
9 Ne	t income or (loss) from special events					
10 Gr	oss profit or (loss) from sales of inventory					
11 Ott	ner revenue: a					
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C						
d						
е						<u> </u>
	ototal. Add columns (b), (d), and (e)				57267	
13 To	tal. Add line 12, columns (b), (d), and (e)				57267 13 57	267
13 Tot	tal. Add line 12, columns (b), (d), and (e)	s.)			57267 13 57	267
ee wor art X	tal. Add line 12, columns (b), (d), and (e)	s.) <b>ccomplishm</b> e	ent of Exemp	t Purposes	13_ <i>5</i> 7	
ee wor	tal. Add line 12, columns (b), (d), and (e)	s.) <b>ccomplishm</b> e	ent of Exemp	t Purposes	13_ <i>5</i> 7	
iee wor Part X Line No	tal. Add line 12, columns (b), (d), and (e)	s.) <b>ccomplishm</b> e	ent of Exemp	t Purposes	13_ <i>5</i> 7	
iee wor Part X Line No	tal. Add line 12, columns (b), (d), and (e)	s.) <b>ccomplishm</b> e	ent of Exemp	t Purposes	13_ <i>5</i> 7	
iee wor Part X Line No	tal. Add line 12, columns (b), (d), and (e)	s.) <b>ccomplishm</b> e	ent of Exemp	t Purposes	13_ <i>5</i> 7	
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13 Tot see wor Part X Line No	tal. Add line 12, columns (b), (d), and (e)	s.) <b>ccomplishm</b> e	ent of Exemp	t Purposes	13_ <i>5</i> 7	
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13 Tot see wor Part X Line No	tal. Add line 12, columns (b), (d), and (e)	s.) <b>ccomplishm</b> e	ent of Exemp	t Purposes	13_ <i>5</i> 7	
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13 Tot see wor Part X Line No	tal. Add line 12, columns (b), (d), and (e)	s.) <b>ccomplishm</b> e	ent of Exemp	t Purposes	13_ <i>5</i> 7	

Part	XVII	· Information	-	nsfers to and Trans	actions and F	Relationships V	Vith Nonchar	itable	Exe	mpt
1	in s	the organization	directly or indirectly	engage in any of the fo 501(c)(3) organization					Yes	No
а	Tran	sfers from the re	eporting foundation t	o a noncharitable exen	npt organization	of:				
	(1) (	Cash						1a(1)		+
	(2)	Other assets .						1a(2)		<u> </u>
b		er transactions:								
	• •		o a noncharitable ex	•				1b(1)		<u>メ</u>
				able exempt organizati	on			1b(2)		X
	` '		s, equipment, or oth					1b(3)		ݐ
			arrangements					1b(4)		<u>×</u>
		oans or loan gu						1b(5)		<u>٧</u>
				hip or fundraising solic				1b(6)		Z,
C		-		sts, other assets, or pa		<u> </u>		1c	<u>,                                     </u>	4
	value	e of the goods, e e in any transact	other assets, or serv	s," complete the followices given by the report gement, show in column thantable exempt organization	ting foundation n (d) the value o	. If the foundation of the goods, other	received lesser assets, or se	than fa	air m eceiv	arket ved.
(a) Line	∍ no.	(b) Amount involved	(c) Name of nonc	nantable exempt organization	(d) Desc	ription of transfers, tra	nsactions, and sna	nng arrar	ngeme	nts
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	-+		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>						
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	$\rightarrow$	<del></del>	<del>                                     </del>	<del> </del>			<del>,</del>			
		<del></del>	<del> </del>	<del></del>	<del>  </del> -					
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			<del> </del>	· · · · · · · · · · · · · · · · · · ·						
2a b	desc	ribed in section		ffiliated with, or relate action 501(c)(3)) or in se		ore tax-exempt	organizations	☐ Yes		No
		(a) Name of orga	nization	(b) Type of organ	nization	(c) De	scription of relation	ship		•
		1/1	4							
		70//								
— Sign Here	corre	er penalties of perjury, ect, and complete. Dec	I declare that I have examin claration of preparer (other th	ed this return, including accomp an taxpayer) is based on all info	vanying schedules and mation of which prep	d statements, and to the larer has any knowledge	May the IF with the pr	S discuss eparer sho	this r	etum
	_	nature of officer or tr	ustee	Date	Title	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	See instruc	tions	Yes [	∃No
Paid		Print/Type prepare	er's name	Preparer's signature		Date	Check fr f self-employed	NIT		
Preparent of the Prepar		Firm's name		· • · · · · · · · · · · · · · · · · · ·	<del></del>	Firm'	s EiN ▶			
USE (	Jilly	Firm's address ▶				Phon				

## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of	the organization	DATION	IN CORPORATED	Employer identification number 20-90/5238	
Organiz	zation type (check or		7,000	120 10.000	
Filers o	f:	Section:			
Form 99	90 or 990-EZ	☐ 501(c)(	) (enter number) organization	•	
		4947(a)(1) no	onexempt charitable trust not treated as a pri	vate foundation	
		☐ 527 political	organization		
Form 99	90-PF	∑ 501(c)(3) exe	empt private foundation	<u> </u>	
		4947(a)(1) no	onexempt charitable trust treated as a private	foundation	
		☐ 501(c)(3) tax	able private foundation		
	For an organization or more (in money contributor's total c	or property) from a	90-EZ, or 990-PF that received, during the ye Iny one contributor. Complete Parts I and II. S		
Special	Rules				
	regulations under se 13, 16a, or 16b, and	ections 509(a)(1) a d that received fror	on 501(c)(3) filing Form 990 or 990-EZ that m nd 170(b)(1)(A)(vi), that checked Schedule A ( m any one contributor, during the year, total o Form 990, Part VIII, line 1h; or (ii) Form 990-E	Form 990 or 990-EZ), Part II, line contributions of the greater of (1)	
	contributor, during t literary, or education	the year, total cont nal purposes, or fo	ion 501(c)(7), (8), or (10) filing Form 990 or 990 tributions of more than \$1,000 exclusively for or the prevention of cruelty to children or animatributor name and address), II, and III.	religious, charitable, scientific,	
	contributor, during t contributions totaled during the year for a <b>General Rule</b> applie	the year, contributing the more than \$1,00 an exclusively religions to this organization.	ion 501(c)(7), (8), or (10) filing Form 990 or 990 ions exclusively for religious, charitable, etc., io. If this box is checked, enter here the total cious, charitable, etc., purpose. Don't complet tion because it received nonexclusively religions.	purposes, but no such contributions that were received te any of the parts unless the bus, charitable, etc., contributions	
Caution	ı: An organization tha	it isn't covered by	the General Rule and/or the Special Rules do	pesn't 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** NCORPORATED Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contribútions.) (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash

(b)

Name, address, and ZIP + 4

(a)

No.

(Complete Part II for noncash contributions.)

(d)

Type of contribution

noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(c)
Total contributions

STATEMENT 1- FORM 990-PF PART 1, LINE 18-TAXES
2017 TAX BASED ON INVESTMENT INCOME \$ 93.00