## DLN: 93491317012759

OMB No 1545-0052

2018

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20	)18 , aı	nd ending	12-31-	2018	
		indation WILSON FOUNDATION INC		A Er	nployer ıd	entification numbe	r
				23-7	015224		
		d street (or P O box number if mail is not delivered to street address) T MAIN ST STE A	Room/suite	ВТе	lephone nu	mber (see instruction	ns)
,	OI WES	T PIOLIN ST STEA	(270	) 651-3013	3		
		n, state or province, country, and ZIP or foreign postal code KY 42141	1	C If	exemption	application is pendin	a. check here
					,		" ▶ ⊔
<b>G</b> Cl	neck al	I that apply  Initial return  Initial return of a	former public charity		_	ganızatıons, check he	▶ ⊔
		☐ Final return ☐ Amended return		2		ganizations meeting k here and attach co	
		☐ Address change ☐ Name change		E II	private fo	undation status was t	terminated
_		trpe of organization $lacksquare$ Section 501(c)(3) exempt private to 4947(a)(1) nonexempt charitable trust $\Box$ Other taxable		u	nder sectio	n 507(b)(1)(A), chec	k here
			Cash Accru		the found	ation is in a 60-monti	h tormination —
of	year (f	rom Part II, col (c),	E Casii E Accit			n 507(b)(1)(B), chec	
IIne	e 16)	(Part I, column (d) must	be on cash basis )				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	l			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	expenses per books	(b) Net inv	estment ome	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions) )	J DOOKS				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	20,000				
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach					
	_	Sch B					
	3	Dividends and interest from securities	25,711		25,711	25,711	
	5a	Gross rents	25,711		23,711	25,711	
	b	Net rental income or (loss)					
Пе	6a	Net gain or (loss) from sale of assets not on line 10	30,175	;			
Revenue	ь	Gross sales price for all assets on line 6a87,518					
Re	7	Capital gain net income (from Part IV, line 2)			30,175		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances	<u> </u>				
	b	Less Cost of goods sold	<u> </u>				
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	75,886	;	55,886	25,711	
	13	Compensation of officers, directors, trustees, etc	54,635		27,318	,	37,317
	14	Other employee salaries and wages	0 1,500		2.,010	27,615	3,7,517
Ş	15	Pension plans, employee benefits					
nse	16a	Legal fees (attach schedule)					
<b>be</b>	ь	Accounting fees (attach schedule)	<b>9</b> 4,700		3,995	3,995	705
e) e)	C	Other professional fees (attach schedule)					
ţ	17	Interest					
Operating and Administrative Expenses	18	Taxes (attach schedule) (see instructions)	<b>9</b> 15	;	15	15	
≣	19	Depreciation (attach schedule) and depletion					
\d	20	Occupancy					
† pı	21	Travel, conferences, and meetings					
<u>e</u>	22	Printing and publications	<b>65.1</b> 20.255		46757	46.75	2.600
tıng	23	Other expenses (attach schedule)	20,357		16,757	16,757	3,600
eraí	24	Total operating and administrative expenses.  Add lines 13 through 23	79,707	,	48,085	48,085	41,622
ď	25	Contributions, gifts, grants paid	48,350	-	+0,000	40,083	41,622
	26	Total expenses and disbursements. Add lines 24 and	10,330	<del> </del>			10,330
		25	128,057	,	48,085	48,085	89,972
	27	Subtract line 26 from line 12					_
	a	Excess of revenue over expenses and disbursements	-52,171				
	ь	Net investment income (If negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·		7,801		
_	С	Adjusted net income (if negative, enter -0-)					
For	Paper	work Reduction Act Notice, see instructions.		Cat N	o 11289	√ For	m <b>990-PF</b> (2018)

60,000

167,157

360,000

640,289

640.289

640,289

640,289

30,000

151,762

360,000

588,118

588.118

588,118

588,118

2

3

4

5

6

640,289

-52,171

588,118

588,118 Form 990-PF (2018)

30,000

730,561

360,188

1,167,105

	-	200
•	Acc. 040	) C C K

6

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9 10a

h

C 11

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17 18

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21 22

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29

30

31 Part III

Liabilities

Balances

Fund

ō

Assets 27

Net

2

Receivables due from officers, directors, trustees, and other

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_ Less accumulated depreciation (attach schedule) ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Paid-in or capital surplus, or land, bldg, and equipment fund

Less allowance for doubtful accounts

Inventories for sale or use . . . . .

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

Grants payable

Unrestricted

Temporarily restricted

Permanently restricted . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . .

Other increases not included in line 2 (itemize) ▶ \_\_\_\_\_

disqualified persons (attach schedule) (see instructions) . . . . .

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule) . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		hase	Date acquired (mo , day, yr )	Date sold (mo , day, yr )
1aSee Additional Data Table	e				
b					
c					
d					
e					
	(f)	(g)		()	h)
(e) Gross sales price	Depreciation allowed	Cost or other basis		Gain o	r (loss)
	(or allowable)	plus expense of sale	<u> </u>	(e) plus (f	) mınus (g)
a See Additional Data Table	e				
b					
С					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation on 12/31/6	9	(	I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col(ı) over col(յ), ıf any		Gains (Col (l col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a See Additional Data Table		(3)			
b					
<u>-</u>					
d					
e					
· · ·	e or (net capital loss)  gain or (loss) as defined in sections to the sections of the section of the sections of the section of the s			2	30,175
ın Part I, line 8			. }	3	-422
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net Investm	ent In	come	
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on net investme	nt incom	ie )	
If section 4940(d)(2) applies, le	eave this part blank			_	_
	e section 4942 tax on the distributa ot qualify under section 4940(e) Do	· · ·	e period	, L Ye	es 🗹 No
<ol> <li>Enter the appropriate an</li> </ol>	nount in each column for each year,	see instructions before making an	y entrie	s	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		<b>(d)</b> Distribution rati (col (b) divided by c	
2017	73,997	1,232,49	_		0 06004
2016	46,692	1,131,26	0		0 04127
2015	46,942	1,122,24			0 04183
2014	45,738	1,095,92	.2		0 04174
2013	47,283	992,17	'8		0 04766
2 Total of line 1, column (d	•		2		0 232532
number of years the four	o for the 5-year base period—divide ndation has been in existence if less	than 5 years	3_		0 046506
	ncharitable-use assets for 2018 fron	·	4	<del>                                     </del>	1,232,693
5 Multiply line 4 by line 3			5	<del>                                     </del>	57,328
	ent income (1% of Part I, line 27b)		6		78
				<b></b>	57,406
8 Enter qualifying distribution If line 8 is equal to or great instructions	ons from Part XII, line 4 , eater than line 7, check the box in Pa	art VI, line 1b, and complete that	art usin	  g a 1% tax rate Se	89,972 e the Part VI
				Fc	orm <b>990-PF</b> (2018

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Pa	rt VII-B	Statements Regardi	ng	Activities for Which	Form 4720 May Be	Required	(cont	inued	1)				
5a	During the	year did the foundation pa	ay o	rincur any amount to								Yes	No
	(1) Carry	on propaganda, or otherwi	se a	ttempt to influence legisl	ation (section 4945(e))?		$\Box$	Yes	<b>V</b>	No			
	(2) Influe	nce the outcome of any spe	ecific	public election (see sect	ion 4955), or to carry		ш	165		NO			
	on, dı	rectly or indirectly, any vote	er re	gistration drive?			$\Box$	Yes	J	No			
	(3) Provid	le a grant to an individual f	or tr	avel, study, or other sım	ılar purposes?			Yes		No			
	(4) Provid	le a grant to an organizatio	n ot	her than a charitable, etc	; , organization described	1	ш	162		NO			
	ın sec	tion 4945(d)(4)(A)? See ins	struc	tions			$\Box$	Yes	<b>✓</b>	Na			
	(5) Provid	le for any purpose other th	an r	eligious, charitable, scien	tıfıc, lıterary, or		ш	res	•	NO			
	educa	tional purposes, or for the j	prev	ention of cruelty to childi	en or animals?		П,	Yes	<b>✓</b>	NI -			
b	If any ans	wer is "Yes" to 5a(1)-(5), o	did a	<b>ny</b> of the transactions fa	ıl to qualıfy under the ex	ceptions des	cribed	res In	•	NO			
	Regulation	ns section 53 4945 or in a c	urre	nt notice regarding disas	ter assistance? See instr	uctions					5b		No
	Organizat	ons relying on a current no	tice	regarding disaster assist	ance check here			<b>•</b>	П				
c	If the ans	wer is "Yes" to question 5a(	(4),	does the foundation clain	n exemption from the				ш				
	tax becau	se it maintained expenditur	e re	sponsibility for the grant			П,	Yes	<b>✓</b>	NI.			
	If "Yes," a	ttach the statement require	ed b	Regulations section 53	4945-5(d)		ш	res	•	NO			
6a	Did the fo	undation, during the year, i	rece	ive any funds, directly or	indirectly, to pay premit	ıms on							
		I benefit contract?					П.		. 🗷				
b	Did the fo	undation, during the year, i	pav	premiums, directly or ind	lirectly, on a personal be	nefit contrac	<sub>t</sub> ,⊢ .`	Yes	<b>⊻</b>	No	6b		No
		6b, file Form 8870	,	, ,	,, ,								
7a		ne during the tax year, was	the	foundation a party to a p	rohibited tax shelter trai	nsaction?	П.		. 🚁				
b		the foundation receive any					, ᆜ ՝	Yes 	✓	No	7b		No
8		ndation subject to the secti		•									
		rachute payment during the							. 🗷				
		Information About O						Yes Baid			<u></u>		
Pa	rt VIII	and Contractors		ers, Directors, Trust	ees, i oundation inc	illagers, il	igiiiy	rait		iipio	yccs,	'	
1	List all of	ficers, directors, trustees	s. fo	undation managers ar	d their compensation	. See instru	ctions						
				<b>b)</b> Title, and average	(c) Compensation (If	<b>(d)</b> Con	tributio	ons to		(0)	Evper	se acc	ount
	(a) Na	me and address		hours per week	not paid, enter	employee b						llowand	
<u></u>	Additional D	ata Table		devoted to position	-0-)	deferred	compe	nsatio	111				
<u> </u>	Additional L	dia Table											
	Compans	ation of five highest-paid	d on	anlovees (other than t	nose included on line 1	  —see instr	uction	c) Tf	no	<u> </u>	nter "	NONE	71
	Compens	acion of five ingliest-pair	a Cii			(d) Cor					iicei	ITOITE.	-
(a)	Name and a	address of each employee p	aıd	(b) Title, and average hours per week	(a) Componention		yee be				Expen:	se acco	unt,
	m	ore than \$50,000		devoted to position	(c) Compensation	plans a				ot	her all	owanc	es
NON				'		com	pensati	on					
NON	<u> </u>												
									$\dashv$				
									_				
									_				
_		<u> </u>		0.000				_	$\dashv$				
Tota	ı number o	f other employees paid ove	r \$5	0,000			•	<u> </u>				0.05	

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		er of Expenses
1		
2		
3		
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	ne tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
Total Add Inles I tillough 5		Form <b>990-PF</b> (2018)
		FOLIN 330-FF (2018)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

89.972

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78 89.894

2018

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61,557

61,557

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990-PF (2	018)
rt XIII	Une

FOITH 990-PF (2016)						
Part XIII	Und					

Form 990-PF (2018)							
Part XIII	Undistributed Income (see instruc	tions)					

1 Distributable amount for 2018 from Part XI, line 7

(a)

Corpus

12.372

28.415

40,787

40.787

12,372

12.372

28.415

(b)

Years prior to 2017

(c)

2017

- 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . . . .
- **b** Total for prior years Excess distributions carryover, if any, to 2018
- a From 2013. . . . . **b** From 2014. . . . c From 2015. . .
- **d** From 2016. . . . e From 2017. . . . .
- f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$

a Applied to 2017, but not more than line 2a **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 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

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 e 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 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

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

NONE

c Any submission deadlines

NONE

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

NONE



Enter gross amounts unless otherwise indicated		Unrelated b	usiness income	Excluded by section	(e) Related or exempt		
	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )	
d							
	and contracts from government agencies						
	t on savings and temporary cash						
4 Divider	nds and interest from securities			14	25,711		
	ntal income or (loss) from real estate						
	financed property						
	lebt-financed property						
	nvestment income						
	(loss) from sales of assets other than						
invento	•					30,175	
	ome or (loss) from special events						
10 Gross   11 Other	profit or (loss) from sales of inventory revenue a						
	evenue u						
<b>12</b> Subtot	al Add columns (b), (d), and (e)				25,711	30,175	
				4.	3	55 886	
13 Total.	Add line 12, columns (b), (d), and (e)	lations )		13	3	55,886	
13 Total. (See w		lations )			3	55,886	
13 Total. (See w	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations ) le Accomplish income is report	nment of Exemed in column (e) of	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XVI Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exemed in column (e) of	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XVI Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exemed in column (e) of	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XVI Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exemed in column (e) of	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XVI Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XVI Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XVI Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XVI Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XVI Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XVI Part XVI	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	
13 Total. (See work XV.) Part XV. Line No.	Add line 12, columns (b), (d), and (e)orksheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is report	nment of Exem	pt Purposes of Part XVI-A contribu	ted importantly to	,	

,	,
11	Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part	XVII	Exempt Organia		ransters To a	and Transactio	ns and	Relatio	nships With Nonci	naritable		
		ganization directly or in than section 501(c)(3)	directly enga						501	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
٠,		sactions							(-/		
		of assets to a nonchari	table exemp	t organization.					. 1ь(1)		No
		ases of assets from a n	•	-					. 1b(2)		No
		ıl of facılıtıes, equipmer							. 1b(3)		No
(4)	Reim	oursement arrangemen	ts						1b(4)		No
(5)	Loans	or loan guarantees.							1b(5)		No
(6)	Perfor	mance of services or m	embership o	r fundraising sol	icitations				1b(6)		No
<b>c</b> Sha	rıng of	facilities, equipment, n	nailing lists,	other assets, or	paid employees.				1c		No
		ver to any of the above									
		ds, other assets, or ser esaction or sharing arra									
iii u	ily ciai	saction or snaring arra	ngement, sn	ow in column (c	i) the value of the	. goods, c	ounci asse	is, or services received	4		
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) De	scription of	transfers, transactions, ar	id sharing arra	ngemen	ts
2a Ia ti	oo four	ndation directly or indire	activ affiliato	d with or rolato	d to one or more	tay ayan	nnt organi	zations			
		•	•	,	•				✓ No		
		n section 501(c) (other		1 501(c)(3)) or i	in section 52//.			⊔ Yes	INO		
b It "	res," co	omplete the following so (a) Name of organization		1 0	) Type of organizati	on	ı	(c) Description of	relationshin		
		(a) Name or organization	<i>/</i> 11	(1	) Type of organizati	OII		(C) Description of	relationship		
	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co								
Sign		p. spaner ride drij krio	9-		l			I	May the IRS d	scuss th	าเร
Here	<b> </b>				2019-11-13	<b>.</b>			return	rar chau	
	<b>                                     </b>				1	— <b>)</b> ∙			with the prepa below	rer snow	'n
	'	Signature of officer or t	rustee		Date	,	Title		(see instr )?	✓ Yes I	□ <sub>No</sub>
		Print/Type preparer's	name	Preparer's Sigr	nature	Date		PT	<del></del> :N		
								Check if self-	P0005	753/	
		MARCIA THOMPSO	N					employed ▶ 🔲	F0005	/ 334	
Paid	Paid										
Prep	arer	Firm's name ▶ THO	MPSON & KL	I EIN PARTNERS I	INC	1		<u> </u>	1 5711 5 65	22122	
Use (	Only							Firi	m's EIN ▶83	-23128	,02
		Firm's address ► 50	1 West Main	St Ste A							
		GI	asgow, KY 4	2141				Pho	one no (270	) 651-3	3013

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation Р 2000-01-01 CAPITAL GAINS FROM DIVIDENDS 2018-12-31 GINNIE MAE 11 POOL #3248 Р 2000-01-01 2018-12-31 173 586 INVESCO SMALL CAP VAL FD Р 2018-06-01 2018-10-31 100 TELEFLEX INC Р 1999-06-30 2018-03-08 Р KY STATE TPK AUTH EX DEV 2008-08-04 2018-07-02 Р 502 489 INVESCO SMALL CAP VAL FD 2000-01-01 2018-10-31 INVESCO SMALL CAP VAL FD 2010-05-27 2018-10-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (f) (or allowable) (a) plus expense of sale (h) (e) plus (f) minus (g) 9,517 9,517 507 507 2.989 3.411 -422 25,901 4,355 21,546 30.000 30,000 8,653 9,070 -417 9.951 10,000 -49 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 9,517 -422 21,546 -417 -49

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to hours per week not paid, enter (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation **EVELYN HUDSON** Director 6,400 2,164 5 00 1905 DAKOTA DR NOBLESVILLE, IN 46062 1,427

ALAN H WILSON	Treasurer	6,400	1,433
753 STAVE MILL RD SHEPHERDSVILLE, KY 40165	10 00		
CTERUSALIC MITICON			

STEPHEN K WILSON	President	6,400	1
244 CURTIS FORD TRACE NICHOLASVILLE, KY 40356	5 00		
BYRON N WILSON	Director	6,400	3

244 CURTIS FORD TRACE NICHOLASVILLE, KY 40356	5 00		
BYRON N WILSON	Director	6,400	3,053
600 CR 93 HOUSTON MS 38851	5 00		

BYRON N WILSON	Director	6,400	3,053
600 CR 93 HOUSTON, MS 38851	1 5 00		
LEIGHT M WILSON II	Vice President	6,400	1,008

HOUSTON, MS 38851			
LEIGHT M WILSON II	Vice President	6,400	1,008
9114 GLOVER LANE	5 00		

LEIGHT M WILSON II	Vice President	6,400	1,00
9114 GLOVER LANE LOUISVILLE, KY 40242	5 00		

NODUZNI D WZI CON ID			
9114 GLOVER LANE LOUISVILLE, KY 40242	5 00		

LOUISVILLE, KY 40242			
NORVIN B WILSON JR	Secretary	6,400	7,150
6081 W RIO GRANDE DR	5 00		

BEVERLY HILLS, FL 34465

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

S K WINTERS FAMILY SERVICES P O BOX 1233 WEST POINT, MS 39773	NONE	CHARITABLE	1,200
WHAS CRUSADE FOR CHILDREN	NONE	CHARITABLE	2,200

HAS CRUSADE FOR CHILDREN 26 N PRESTON WHY EPHERSVILLE, KY 40165	NONE	CHARITABLE

a Paid during the year

П	5326 N PRESTON WHY SHEPHERSVILLE, KY 40165			
	SALVATION ARMYSTS W CHESTNUT ST	NONE	CHARITARIE	650

SHEPHERSVILLE, KY 40165			
SALVATION ARMY216 W CHESTNUT ST	NONE	CHARITABLE	650

SALVATION ARMY216 W CHESTNUT ST	NONE	CHARITABLE	650
LOUISVILLE, KY 40202			

LOUISVILLE, KY 40202	SALVATION ARMY216 W CHESTNUT ST	NONE	CHARITABLE	65
	OUISVILLE, KY 40202			

LOUISVILLE, KY 40202		
Total	 ▶ 3a	48,350

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ZONETON FIRE DEPARTMENT 5328 N PRESTON HWY SHEPHERDSVILLE, KY 40165	NONE	CHARITABLE	300
WESTERN KY LINIVERSITY COLLEGE	NONE	EDUCATIONAL	1 500

WESTERN KY UNIVERSITY COLLEGE HGTS 1906 COLLEGE HEIGHTS BLVD BOWLING GREEN, KY 42101	NONE	EDUCATIONAL	1,500
HIGHVIEW BAPTIST CHURCH	NONE	RELIGIOUS	850

BOWLING GREEN, KY 42101			
HIGHVIEW BAPTIST CHURCH 7711 FEGENBUSH LANE LOUISVILLE KY 40228	NONE	RELIGIOUS	850

BOWLING GREEN, NT 42101			1
HIGHVIEW BAPTIST CHURCH 7711 FEGENBUSH LANE LOUISVILLE, KY 40228	NONE	RELIGIOUS	850

48,350

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ASSURANCE FOR LIFE 1517 NICHOLASVILLE RD LEXINGTON, KY 40503	NONE	CHARITABLE	200
BLUEGRASS LEGACY3294 SNAFFLE RD	NONE	CHARITABLE	3,700

250

48,350

▶ 3a

JEGRASS LEGACY3294 SNAFFLE RD XINGTON, KY 40513	NONE	CHARITABLE
ME OF THE INNOCENTS	NONE	CHARITABLE

Total .

BLUEGRASS LEGACY3294 SNAFFLE RD LEXINGTON, KY 40513	NONE	CHARITABLE	3
HOME OF THE INNOCENTS 1100 E MARKET ST LOUISVILLE.KY 40206	NONE	CHARITABLE	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

8350 E 141 ST FISHERS, IN 46038	NONE	RELIGIOUS	1,500
FIRST BAPTIST CHURCH 10540 W YULEE DR	NONE	RELIGIOUS	6,500

DELICIONE

1 500

FIRST BAPTIST CHURCH 10540 W YULEE DR HOMOSASSA, FL 34448	NONE	RELIGIOUS	6,500
HARVEY BROWNE PRESBYTERIAN CHURCH 311 BROWNS LANE LOUISVILLE, KY 40207	NONE	RELIGIOUS	3,000

HOMOSASSA, FL 34448			
HARVEY BROWNE PRESBYTERIAN CHURCH 311 BROWNS LANE LOUISVILLE, KY 40207	NONE	RELIGIOUS	3,000
Total		 ▶ 3a	48,350

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ARBOR GROVE BAPTIST CHURCH 883 COUNTY RD 93 HOUSTON, MS 38851	NONE	RELIGIOUS	600
CHARGE CHILDRENG'S SERVICE	NONE	CHARTTARIE	F 000

SUNRISE CHILDRENS'S SERVICE P O BOX 1429 MT WASHINGTON, KY 40047	NONE	CHARITABLE	5,000
,			

P O BOX 1429 MT WASHINGTON, KY 40047			
HILDEGARD HOUSE INC114 ADAMS ST	NONE	CHARITABLE	250

HILDEGARD HOUSE INC114 ADAMS ST LOUISVILLE, KY 40206	NONE	CHARITABLE	250
Total		 ▶ 3a	48,350

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

WOUNDED WARRIORS	NONE	CHARITARIE	700
7711 FEGENBUSH LANE LOUISVILLE, KY 40228			
ADAMS PANTRY CO HIGHVIEW BAPTIST	NONE	RELIGIOUS	300

LOUISVILLE, KY 40228			
WOUNDED WARRIORS 4899 BELFORT LN STE 300 JACKSONVILLE, FL 32256	NONE	CHARITABLE	700
NORTHWEST BASEBALL CLUB	NONE	CHARITABLE	1,500

4899 BELFORT LN STE 300 JACKSONVILLE, FL 32256			
NORTHWEST BASEBALL CLUB P O BOX 180790 TALLAHASSEE FL 32318	NONE	CHARITABLE	1,500

JACKSONVILLE, FL 32256			
NORTHWEST BASEBALL CLUB P O BOX 180790 TALLAHASSEE, FL 32318	NONE	CHARITABLE	1,500

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
CRAWFORDSVILLE HIGH SCHOOL ONE ATHENIAN DR CRAWFORDSVILLE, IN 47933	NONE	EDUCATIONAL	2,000

CRAWFORDSVILLE, IN 4/933			
LOUISVILLE PHILHARMONIA P O BOX 7485 LOUISVILLE, KY 40257	NONE	CHARITABLE	250

LOUISVILLE PHILHARMONIA P O BOX 7485 LOUISVILLE, KY 40257	NONE	CHARITABLE	250
DISABLED AMERICAN VETERANS 3275 ALEXANDRIA PIKE COLD SPRINGS KV 41076	NONE	CHARITABLE	250

LOUISVILLE, KY 40257			
DISABLED AMERICAN VETERANS 3275 ALEXANDRIA PIKE COLD SPRINGS, KY 41076	NONE	CHARITABLE	250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

	j 5.1011 dill) 1 diddidill 5111 p to			
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
GIRL SCOUTS OF AMERICA	NONE		CHARITABLE	350

GIRL SCOUTS OF AMERICA	NONE	CHARITABLE	
P O BOX 5046 NEW YORK, NY 10087			
NEW YORK, NY 10087			

Total .

NEW YORK, NY 10087			
CAVE HILL HERITAGE FOUNDATION 701 BAXTER AVE LOUISVILLE, KY 40204	NONE	CHARITABLE	250

CAVE HILL HERITAGE FOUNDATION 701 BAXTER AVE LOUISVILLE, KY 40204	NONE	CHARITABLE	250
CHURCH OF THE SAVIOR 1301 BRANNON RD	NONE	RELIGIOUS	750

L0015V1LLE, K1 40204			
CHURCH OF THE SAVIOR 1301 BRANNON RD NICHOLASVILLE, KY 40356	NONE	RELIGIOUS	750
			í

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1			
SUMARITIANS PURSEP O BOX 3000 BOONE, NC 28607	NONE	EDUCATIONAL	150
BARREN CO HISTORICAL SOCIETY	NONE	EDUCATIONAL	250

B00112, 110 20007			
BARREN CO HISTORICAL SOCIETY 200 W WATER ST GLASGOW, KY 42141	NONE	EDUCATIONAL	25
HART CO HISTORICAL SOCIETY	NONE	CHARITABLE	25

GLASGOW, KY 42141			
HART CO HISTORICAL SOCIETY 109 MAIN ST MUNFORDVILLE, KY 42765	NONE	CHARITABLE	250

HART CO HISTORICAL SOCIETY 109 MAIN ST MUNFORDVILLE, KY 42765	NONE	CHARITABLE	250
Total		 ▶ 3a	48,350

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or husiness)

Name and address (nome of basiness)	or substantial contributor		
a Paid during the year			
BLUEGRASS COMMUNITY FOUNDATION	NONE	CHARITABLE	1,000

449 E HIGH ST STE 112 LEXINGTON, KY 40507			
CHICHASAW SHERIFF DEPARTMENT 130 LANCASTER CIRCLE	NONE	CHARITABLE	1,000

CHICHASAW SHERIFF DEPARTMENT 130 LANCASTER CIRCLE HOUSTON, MS 38851	NONE	CHARITABLE	1,000
SHY WOLF SANCTUARY 1161 27TH ST SW	NONE	CHARITABLE	250

HOUSTON, MS 38851			
SHY WOLF SANCTUARY 1161 27TH ST SW NAPLES, FL 34117	NONE	CHARITABLE	250

110031011, 113 30031			
SHY WOLF SANCTUARY 1161 27TH ST SW NAPLES, FL 34117	NONE	CHARITABLE	250
Total		 ▶ 3a	48,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

101 MARKET ST WOODLAND, MS 39776

Total .

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
LANCASTER GRAND THEATRE 117 LEXINGTON RD LANCASTER, KY 40444	NONE		CHARITABLE	250
FIFTY CLUB OF BOONE CO 1905 INDIANAPOLIS AVE	NONE		CHARITABLE	2,000

recipient

500

117 LEXINGTON RD LANCASTER, KY 40444			
FIFTY CLUB OF BOONE CO 1905 INDIANAPOLIS AVE LEBANON, IN 46052	NONE	CHARITABLE	2,

LANCASTER, KY 40444			
FIFTY CLUB OF BOONE CO 1905 INDIANAPOLIS AVE LEBANON, IN 46052	NONE	CHARITABLE	2,0
WOODLAND FIRE DEPARTMENT	NONE	CHARITABI F	5

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

any foundation manager

Total .

Name and address (home or business)	or substantial contributor	Гесірісте		
a Paid during the year				
BESIDE U FOR LIFE 701 W MOHAMMAD ALI BLVD LOUISVILLE, KY 40203	NONE		CHARITABLE	100
AIDEN'S LEGACY CHILDRENS HOSPITAL	NONE		CHARITABLE	200

recipient

	AIDEN'S LEGACY CHILDRENS HOSPITAL	NONE	CHARITABLE	200
	234 E GRAY ST 450 LOUISVILLE, KY 40202			
1				

1				
	234 E GRAY ST 450 LOUISVILLE, KY 40202			
	F	NONE	CHARTABLE	200

141 D T C C M C C C M C C C C C C C C C C C C	NONE	FRUGATIONAL	450
234 E GRAY ST 450 LOUISVILLE, KY 40202			

LOUISVILLE, KY 40202			
MADISON CO 4-HP O BOX 270	NONE	EDUCATIONAL	450

LOUISVILLE, KY 40202			
MADISON CO 4-HP O BOX 270	NONE	EDUCATIONAL	4!

,			
MADISON CO 4-HP O BOX 270	NONE	EDUCATIONAL	4
ROCHMOND, KY 40475			

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor Daid during the year

THE KY CIVIL WAR BOHND TARLE INC	NONE	CHARTTARIE	250
HOUSTON HIGH SCHOOL 634 STARKSVILLE RD HOUSTON, MS 38851	NONE	EDUCATIONAL	2,000
a Paid during the year			

THE KY CIVIL WAR ROUND TABLE INC P O BOX 1862 LEXINGTON, KY 40588	NONE	CHARITABLE	250
HOUSTON, MS 38851			

P O BOX 1862 LEXINGTON, KY 40588			
HILLSDALE COLLEGE33 E COLLEGE ST HILLSDALE, MI 49242	NONE	EDUCATIONAL	100

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Amount Foundation show any relationship to status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CEF CITRUS HERNANDO CO 7030 W GROVER CLEVELAND BLVD	NONE		CHARITABLE	500

HOMO3A33A, FL 34440			
NEW LIFE DAY CENTER INC 224 NORTH MARTIN LUTHER KING BLVD LEXINGTON, KY 40507	NONE	CHARITABLE	250

NEW LIFE DAY CENTER INC 224 NORTH MARTIN LUTHER KING BLVD LEXINGTON, KY 40507	NONE	CHARITABLE	250
ECHO17391 DURRANCE RD	NONE	CHARITABLE	250

BLVD LEXINGTON, KY 40507			
ECHO17391 DURRANCE RD NORTH FORT MYERS, FL 33917	NONE	CHARITABLE	250

ZZXZIVOTON, KT 10507			
ECHO17391 DURRANCE RD NORTH FORT MYERS, FL 33917	NONE	CHARITABLE	250

NORTH FORT MYERS, FL 33917	NO.	OTH MATTY IS EL	
Total		 ▶ 3a	48,350

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

` , , , , , , , , , , , , , , , , , , ,	or substantial contributor		
a Paid during the year			
CABBAGE PATCH SETTLEMENT HOUSE 1413 S SIXTH ST LOUISVILLE, KY 40208	NONE	CHARITABLE	500

recipient

LOUISVILLE, KY 40208			
UNIVERSITY OF JACKSON 232 MCCELLAN RD JACKSON, TN 38305	NONE	EDUCATIONAL	400

232 MCCELLAN RD JACKSON, TN 38305	NONE	EDUCATIONAL	400
NEW HOPE BAPTIST CHURCH P O BOX 213 CAVE CITY KY 42127	NONE	RELIGIOUS	1,000

П	JACKSON, TN 38305			
	NEW HOPE BAPTIST CHURCH P O BOX 213 CAVE CITY, KY 42127	NONE	RELIGIOUS	1,000

Total		 ▶ 3a	48,350
NEW HOPE BAPTIST CHURCH P O BOX 213 CAVE CITY, KY 42127	NONE	RELIGIOUS	1,000
JACKSON, TN 38305			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor		
a Paid during the year			
FOLDS OF HONORDEPARTMENT 13 TULSA, OK 74182	NONE	CHARITABLE	400
FALLS CREEK JR JIGH MUSIC	NONE	EDUCATIONAL	2.000

recipient

MIDAGLE LEAGUE OF DIAM BEAGLI CO	NONE	CHARTTARIE	
DEPARTMEN 12001 OHIO RD FISHERS, IN 46037			,
FALLS CREEK JR JIGH MUSIC	NONE	EDUCATIONAL	2,0

12001 OHIO RD FISHERS, IN 46037				
MIRACLE LEAGUE OF PLAM BEACH CO 1905 SW 4TH AVE FIELD6	NONE		CHARITABLE	250
DELDAY EL 20402		l		

FISHERS, IN 46037			
MIRACLE LEAGUE OF PLAM BEACH CO 1905 SW 4TH AVE FIELD6 DELRAY, FL 33482	NONE	CHARITABLE	250

MIRACLE LEAGUE OF PLAM BEACH CO	NONE	CHARITABLE	
1905 SW 4TH AVE FIELD6			
DELRAY, FL 33482			

DELRAY, FL 33482			
Total	 	<b>&gt;</b> 3a	48,350

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491317012759							
TY 2018 Accounting Fees Schedule							
_							
Name: LEIGHT M WILSON FOUNDATION INC							
<b>EIN:</b> 23-7015224							
Softv	vare ID:	1800721	8				
Software \	Version:	2018v3.1	L				
Category	Amo	ount	Net Investn Income	ent	Adjusted Net Income	Disbursements for Charitable Purposes	
GILBERT & GILBERT		4,700		3,995	3,995	705	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491317012759				
TY 2018 Other Expenses Schedule								
Name: LEIGHT M WILSON FOUNDATION INC								
EIN:	23-7015224							
Software ID:	18007218							
Software Version:	2018v3.1							
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
ADVERTISING	64	64	64					
INVESTMENT EXPENSES	17,998	14,398	14,398	3,600				
MEETING EXPENSES	750	750	750					
SECRETARY EXPENSES	400	400	400					
SUPPLIES	345	345	345					
TREASURER EXPENSES	800	800	800					

efile GRAPHIC print - DO NOT	PROCESS	As Filed Data	-	DLN	N: 93491317012759				
TY 2018 Taxes Sched	TY 2018 Taxes Schedule								
	Name:	LEIGHT M W	ILSON FOUNDATI	ON INC					
	<b>EIN:</b> 23-7015224								
Soft	ware ID:	18007218							
Software	Version:	2018v3.1							
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
		15	15	15					

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			ı	DLN: 93491317012759
Schedule B		Schedu	le of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990 ov/Form990 for the latest i			2018
Name of the organizat					Employer ide	entification number
					23-7015224	
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	rganization			
	☐ 4947(a)(	1) nonexempt char	itable trust <b>not</b> treated a	s a private foundat	ion	
	☐ 527 polit	ical organization				
Form 990-PF	<b>☑</b> 501(c)(3	) exempt private for	undation			
	☐ 4947(a)(	1) nonexempt char	table trust treated as a p	orivate foundation		
	501(c)(3	) taxable private fou	undation			
			PF that received, during to property PF that received, during to property I and II S			
Special Rules						
under sections received from a	509(a)(1) and 170(b)	)(1)(A)(vı), that chec luring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form il contributions of the gre plete Parts I and II	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that
during the year.	total contributions o	f more than \$1,000	or (10) filing Form 990 of exclusively for religious animals. Complete Parts	, charıtable, scienti		
during the year If this box is che purpose Don't	, contributions <i>exclus</i> ecked, enter here the complete any of the i	sively for religious, or total contributions parts unless the <b>Ge</b>	or (10) filing Form 990 c charitable, etc., purposes that were received during eneral Rule applies to the or more during the year	s, but no such cont ng the year for an e is organization bed	ributions total exclusively rel cause it receiv	ed more than \$1,000 igious, charitable, etc , red nonexclusively
990-EZ, or 990-PF), bu	it it <b>must</b> answer "No	o" on Part IV, line 2,	le and/or the Special Rul , of its Form 990, or chec t it doesn't meet the filing	ck the box on line H	of its	
For Paperwork Reduction for Form 990, 990-EZ, or 9		tructions	Cat No 30613X	Schedul	е В (Form 990,	990-EZ, or 990-PF) (2018)

Name of organization LEIGHT M WILSON FOUNDATION INC		Employer identification 23-7015224	Employer identification number 23-7015224	
Part I	Contributors (See instructions) Use duplicate copies of Part I if a	dditional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	LEIGHT M WILSON TRUST 501 WEST MAIN ST STE A  GLASGOW, KY 42141	\$ 20,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions)	
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions ) (d) Type of contribution	
-		s	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)  orm 990, 990-EZ, or 990-PF) (2018)	

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2018)		Page <b>3</b>
Name of organization LEIGHT M WILSON FOUNDATION INC		Employer identification number	
_		23-70	)15224
Part II	Noncash Property		
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (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
<del>  =</del>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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(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
_		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

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